

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

*Barbara* FILED

03 DEC 26 AM 10:00

DOCUMENT # **N01000001762**

1. Corporation Name

**TIFFANY OAKS OF CHRISTINA HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

201 CHRISTINA BLVD  
LAKELAND FL 33813

Mailing Address

201 CHRISTINA BLVD  
LAKELAND FL 33813

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*January*



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

*6975 TIFFANY OAKS DR.*

3. New Mailing Office Address, If Applicable

*Tim Holmes.*

Suite, Apt. #, etc.

*LAKELAND FL*

Suite, Apt. #, etc.

*6975 TIFFANY OAKS DR.*

City & State

City & State

*LAKELAND FL*

Zip

*33813*

Country

*USA*

Zip

*33813*

Country

*USA*

4. Date Incorporated or Qualified To Do Business in Florida

03/13/2001

5. FEI Number

59-3712726

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<i>D</i>	<i>HOFFMAN, L K</i>	<i>201 CHRISTINA BLVD</i>	<i>LAKELAND FL 33813</i>
<i>D</i>	<i>HOFFMAN, BARBARA L</i>	<i>201 CHRISTINA BLVD</i>	<i>LAKELAND FL 33813</i>
<i>D</i>	<i>FAULKNER, W O</i>	<i>6905 KLEIN RD</i>	<i>LAKELAND FL 33813</i>
<i>Dan</i>	<i>MALONEY, DANIEL J.</i>	<i>600 Osborn LANDING Drive W.</i>	<i>LAKELAND FL 33813</i>
<i>Tim</i>	<i>Holmes, Tim.</i>	<i>6975 TIFFANY OAKS DR.</i>	<i>LAKELAND FL 33813</i>

8. Name and Address of Current Registered Agent

HOFFMAN, L K  
201 CHRISTINA BLVD  
LAKELAND, FL 33813

9. Name and Address of New Registered Agent

Name *DANIEL J. MALONEY*  
Street Address (P.O. Box Number is Not Acceptable) *6970 TIFFANY OAKS DRIVE*  
Suite, Apt. #, Etc. *LAKELAND*  
City *LAKELAND* State *FL* Zip Code *33813*

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

*Timothy P. Holmes*  
REGISTERED AGENT MUST SIGN

000025771380  
12/26/03-01036-817-236.25  
Date *12/17/03*

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*12/17/03*  
*863*  
*680-5392*

CR2E040 (7/03)