

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 APR 17 AM 10: 01

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N01000002597**

1. Corporation Name

RIDGE RUN HOMEOWNERS ASSOCIATION, INC.

500098040765  
04/24/07--01003--009 \*\*420.00

2. Principal Office Address - No P.O. Box #

1050 Snively Avenue

3. Mailing Office Address

7044 OX BOW RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Haven, FL

City & State

TALLAHASSEE FL

Zip

33880

Country

USA

Zip

32312

Country

LEON

4. Date Incorporated or Qualified  
To Do Business in Florida

Florida

5. FEI Number

59-3726477

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
Marsha Bowen

Street Address (P.O. Box Number is Not Acceptable)

1050 Snively Avenue

Suite, Apt. #, Etc.

City  
Winter Haven

State  
FL

Zip Code  
33880

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Marsha Bowen*  
REGISTERED AGENT MUST SIGN

Date *4/16/07*

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PNP/ST	Marsha Bowen	1050 Snively Avenue	Winter Haven, FL 33880

10. 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 contained in Chapter 119, 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:

*Marsha Bowen* MARSHA BOWEN

Date

*4/16/07*

Daytime Phone #

*850 988-2721*