

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAR 20 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000003193

1. Corporation Name

Toho Country Estates Community Association, Inc.

REINSTATEMENT

02-03

100013032461

02/24/03--01060--002 **236.25

2. Principal Office Address

3600 Vineland Rd.

Suite, Apt. #, etc.

Suite 101

City & State

Orlando, Florida

Zip

32811

Country

USA

3. Mailing Office Address

3600 Vineland Rd.

Suite, Apt. #, etc.

Suite 101

City & State

Orlando, Florida

Zip

32811

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

May 2, 2001

5. FEI Number

59-3722220

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

Earl M. Barker, Jr.

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

Slott & Barker

Suite, Apt. #, Etc.

334 E. Duval Street

City

Jacksonville

State

FL

Zip Code

32202

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

REGISTERED AGENT MUST SIGN

Date

3/18/2003

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
DP	Daniel B. Webb	3600 Vineland Road Suite 101	Orlando, FL 32811
DVP	William C. Webb, Jr.	1300 NW 167th Street Suite 2	Miami, FL-33169-5738
DST	Earl M. Barker, Jr.	334 E. Duval Street	Jacksonville, FL 32202

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03/20/03--01006--004 **61.25

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 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:

Earl M. Barker, Jr.

(904) 353-0033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

2/21/01