

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 18 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # n01000003729

1. Corporation Name

Kanapaha Oaks Home Owners Association

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

10913 sw 83 place

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip

32608

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/30/2001

5. FEI Number
20-0292112

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

James Smith

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

10835 sw 83 place

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32608

☒ 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 607.0506 or 617.0503 F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

2-28-9

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
p	Lawrence OToole	10913 sw 83 place	Gainesville, FL 32608
s	James Smith	10835 sw 83 place	Gainesville, FL 32608
vp	Edward Thompson	10707 sw 83 place	Gainesville, FL 32608

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-09

Date

352 514-1544

Daytime Phone #