

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION*
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 JAN 11 PM 4:49

DOCUMENT # NO1000006359

1. Corporation Name

JUNIPER BAY PHASE 4 HOMEOWNERS ASSOCIATION INC

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

800 TARPON WOODS BLVD F-4

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

PALM HARBOR, FL

City & State

Zip

Country

Zip

Country

34685

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

9/6/2001

5. FEI Number

65-1135002

☐ 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

DAVID W DORMISTON, CPA, PA

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

800 TARPON WOODS BLVD F-4

Suite, Apt. #, Etc.

City

PALM HARBOR FL

State

FL

Zip Code

34685

800217980068
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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

[Signature]

Date

1/4/12

REGISTERED AGENT MUST SIGN

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
PD	GENE SANSING	5168 JASMINE WAY	PALM HARBOR, FL 34685
VA	MARGIE KINE	3715 JULIENNE WAY	PALM HARBOR, FL 34685
SD	ANTHONY GORDANO	3696 JULIENNE WAY	PALM HARBOR, FL 34685

10. E-mail Address: dormiston@claudiodormistoncpa.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

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

1-9-12

Date

Daytime Phone #