

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 APR 22 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01094

1. Corporation Name

SOCIETY HILL HOMEOWNERS ASSOCIATION, INC

2. Principal Office Address

2994 JOG ROAD

Suite, Apt. #, etc.

Suite B

City & State

GREENACRES, FL

Zip

33467

Country

U.S.A.

3. Mailing Office Address

2994 JOG ROAD

Suite, Apt. #, etc.

Suite B

City & State

GREENACRES, FL

Zip

33467

Country

U.S.A.

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

1/26/1984

5. FEI Number

59 2469336

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

SCOT GERRISH 200005432352-0

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

2994 JOG RD

-05/03/02-01014-028

****131.25 ****131.25

Suite, Apt. #, Etc.

Suite B

City

GREENACRES FLORIDA

State

FL

Zip Code

33467

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 2/13/02

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
D	Michelle Holmes	850 B Hill Drive	WPB, FL 33415
D	Angeles VERA	778 G Hill Drive	WPB, FL 33415
D	Andrea ALBERTSON	833 A Hill Drive	WPB, FL 33415
F	Gladys M Simon	832 F Hill Drive	WPB, FL 33415
T	James Shorey	781 D Hill Drive	WPB, FL 33415

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:

Michelle Holmes Michelle Holmes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

561 641 1016

Daytime Phone #

CR2E081 (9/00)