

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N0200000932

1. Corporation Name

03 DEC -1 AM 8: 24

SECRETARY OF STATE IALLAHASSEE, FI.ORIDA

	ESTATES HOMEOWNERS	S' ASSOCIATI	DN	MLLAFIASS	EE. FI.ORIDA	
, <u>INC</u> .						
Principal Place of Business	Mailing Address	-			"MFNT	03

1009 N. 14TH ST. 330 PRIMROSE I LEESBURG FL 34748 BURLINGAME CA										
		information and enter correction below. ling Office Address, If Applicable		d ⊢ ''			5/2002 Applied For			
Zip		Country	Zip		Country				Not Applicable Additional Fee required a Certificate of Status	
7. Names Title(s) D	2 anaron bilectors			Street Address of Each Officer and/or Director 330 PRIMROSE RD., STE. 210		City / State / Zip BURLINGAME CA 94010				
D	Sexton, Marlin			330 Primrose Road, Suite 210			ite 210	Burlingame, CA 94010		
D	Bishop, John		330 Primrose Road, Suite 210			uite 210	Burlingar	ne, CA	940101	
Ď	Barnes	, Karen		330 Pr	imrose Road,	Su ——	iite 210	Burlingan	me, CA	94010
	8. Nam	e and Address of Curren	Registered Age	ent			9. Name and	Address of New Re	egistered Ag	gent
RICHEY, STEVEN J ESQ 1009 N. 14TH ST. LEESBURG FL 34748					Name J.W. Morton Street Address P.O. Box Norman Street Suite, Apt. #, Etc. City Inverness State State Zip Code 34450					· ·
10. I, being Signature o Registered	of _	e registered agent of the ab	ove named corpo		amiliar with and accept		 -	·		
11. I certify	that I am an o	officer or director or the reco	eiver or trustee er	npowered to	execute this application	n as p	provided for in cha	apter 607 or 617, F.	S. I further co	ertify 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:

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Steven J. Richey, P.A.

Steven J. Richey Attorney & Counselor at Law

November 26, 2003

Division of Corporations
Annual Report/Reinstatement Section
Post Office Box 6327
Tallahassee, FL 32314-6327

Re: Stagecoach Ranch Estates Homeowners' Association, Inc.

To Whom It May Concern:

I received your letter dated November 21, 2003, and made the correction to the Application for Reinstatement. My firm did not receive the July 8, 2003 letter asking the corporations to make corrections to the Annual Report. I am respectfully requesting the \$175.00 fee be waived for the reinstatement of Stagecoach Ranch Estates Homeowners' Association, Inc.

and a secondary that have a secondary before the

If you have any questions, please do not hesitate to contact me.

Sincerely,

DONNA D. RICHEY

Legal Assistant to STEVEN J. RICHEY

Donno O Richey

Enclosure

DDR/dmh

nt south high brief build a common of the state of the contention of the contention of the contention of the contention of the supplication of the