

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 MAY -9 PM 4:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N03000006798**

**1. Corporation Name**

Leah's Acres Homeowners' Association, Inc.

**2. Principal Office Address**

38746 Clinton Avenue

**3. Mailing Office Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Dade City, FL

City & State

Zip

33525

Country

USA

Zip

Country

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

08/02/2003

**5. FEL Number**

320016282

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 J. Murphy, Esquire

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

14217 Third Street

Suite, Apt. #, Etc.

City

Dade City

State

FL

Zip Code

33523-3828

**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

*David J. Murphy*

REGISTERED AGENT MUST SIGN

Date

5/4/05

**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/T/S/D	Henry Wickett	38746 Clinton Avenue	Dade City, FL 33525
VP/D	Robert Hereford	212 Lansing Island Dr.	Indian Harbor Beach, FL 32937
D	Michael Stearns	600 N. Westshore Blvd. #600	Tampa, FL 33609

**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:**

*Henry Wickett*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-3-05

Date

352-521-3543

Daytime Phone #

CR2E081 (01/05)