

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 MAY -8 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO3000007964

1. Corporation Name
RANDA RIDGE HOMEOWNERS ASSOCIATION, INC

000234782330
05/08/12--01008--002 **236.25

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box # 5950 Imperialakes Blvd.
3. Mailing Office Address Same

Suite, Apt. #, etc. Suite #7

City & State Mulberry, FL

Zip 33860 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 20-0222564 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 Above & Beyond Mgmt. Services, LLC

Street Address (P.O. Box Number is Not Acceptable) 5950 Imperialakes Blvd.

Suite, Apt. #, Etc. Suite #7

City Mulberry State FL Zip Code 33860

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REINSTATEMENT

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 Lisa Moselle Date _____
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
Pres	Bill Evans	5950 Imperialakes Blvd.	Mulberry, FL 33860
VP	Braulio Rodriguez	"	"
S	Holliday Linck	"	"
T	Theresa Bonzella	"	"
D	Benjamin Pagen	"	"
D	Donald Cruley	"	"

10. E-mail Address: Lmoselle@gmail.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: Theresa Bonzella - Treasurer Date 4-3-12 Daytime Phone # 8638687582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR