


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 # <u>N03000007964</u>					
1. Corporation Name <u>RANDA RIDGE HOMEOWNERS ASSOCIATION, INC.</u>					
2. Principal Office Address - No P.O. Box # <u>5950 Imperial Lakes Blvd.</u>		3. Mailing Office Address <u>Same</u>			
Suite, Apt. #, etc. <u>Suite #7</u>		Suite, Apt. #, etc.			
City & State <u>Mulberry, FL</u>		City & State			
Zip <u>33860</u>	Country <u>USA</u>	Zip	Country		
7. Name and Address of Current Registered Agent		4. Date Incorporated or Qualified To Do Business in Florida			
Name <u>Above & Beyond Mgmt. Services, LLC</u>		5. FEI Number <u>20-0222564</u> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
Street Address (P.O. Box Number is Not Acceptable) <u>5950 Imperial Lakes Blvd.</u>		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
Suite, Apt. #, Etc. <u>Suite #7</u>		<div style="font-size: 2em; margin: 0;">12</div> <div style="font-size: 1.5em; margin: 0;">REINSTATEMENT</div>			
City <u>Mulberry</u>				State <u>FL</u>	
Zip Code <u>33860</u>				Zip Code <u>33860</u>	
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 <u>Lisa Moselle</u> Date _____ <div style="text-align: center; margin-top: 5px;">REGISTERED AGENT MUST SIGN</div>					
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 Imperial Lakes Blvd.	Mulberry, FL 33860		
VP	Braullio Rodriguez	"	"		
S	Holliday Linck	"	"		
T	Theresa Bonzella	"	"		
D	Benjamin Pagen	"	"		
D	Donald Cruley	"	"		
10. E-mail Address: <u>Lmoselle@gmail.com</u> <small>(To be used for future annual report notification)</small>					
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: <u>Theresa Bonzella</u>		Date <u>4-3-12</u> Daytime Phone # <u>8638687582</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					