

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JUN 22 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000004763

1. Corporation Name

Emerald Woods, Phase II Homeowners Association, Inc

2. Principal Office Address

8556 Marquis St.

Suite, Apt. #, etc.

City & State

Tallahassee

Zip
32309

Country
USA

3. Mailing Office Address

8556 Marquis St.

Suite, Apt. #, etc.

City & State

Tallahassee

Zip
32309

Country
USA

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

May 21, 2004

5. FEI Number

20-5055196

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05) 05-06

7. Name and Address of Current Registered Agent

Name

Michael Carlos

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

8556 Marquis St.

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code
32309

600076672926
06/28/06--01010--006 **122.50

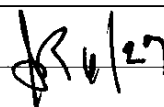
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 6/16/2006

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/D	Michael Carlos	8556 Marquis St.	Tallahassee, FL 32309
V/D	Dean Young	8581 Marquis St.	Tallahassee, FL 32309
S/D	Beth Tattershall	8573 Marquis St.	Tallahassee, FL 32309
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			06/28/06--01010--006 **122.50

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PD

6/16/06

Date

8506769080

Daytime Phone #


June 16th, 2006

Florida Department of State
Secretary of State
Division of Corporations
Corporation Reinstatement

To whom it may concern:

I am applying for corporate reinstatement on behalf of EMERALD WOODS, PHASE II HOMEOWNERS ASSOCIATION, INC. The other directors and I have recently took over the homeowners association which was previously "dropped" by the builder/developer upon completion of the community. We have been trying to put it back together and ask to have the reinstatement fee waived to help us bring it back to life after it was left to become inactive. Since taking over, the current board of directors have never received any correspondence regarding the need to file an annual report. I have enclosed the Annual report fees for 2005 & 2006. Thank you in advance for your time and consideration.

Respectfully,

A handwritten signature in black ink, appearing to read "Michael Carlos", with a large, sweeping flourish extending to the right.

Michael Carlos
President
Emerald Woods II HOA