

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04000011436

1. Corporation Name

The Southridge Pointe Homeowners Association, Inc.

2. Principal Office Address - No P.O. Box #
3434 Colwell Avenue

3. Mailing Office Address
3434 Colwell Avenue

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.
Suite 200

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33614

Country
US

Zip
33614

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida 12/8/04

5. FEI Number
81-0668302

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
Rizzetta & Company, Inc.

Street Address (P.O. Box Number is Not Acceptable)
3434 Colwell Avenue

Suite, Apt. #, Etc.
Suite 200

City
Tampa, FL

State Zip Code
FL 33614

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 4/26/07

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	James D. Ellis	5850 T. G. Lee Boulevard, Suite 600	Orlando, FL 32822
VP	Robert Lawson	5850 T. G. Lee Boulevard, Suite 600	Orlando, FL 32822
ST	Brandy Sue Murphy	5850 T. G. Lee Boulevard, Suite 600	Orlando, FL 32822

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

4/26/07

Date

813-932-8488

Daytime Phone #

FILED

07 MAY -1 PM 12:42

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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05/21/07--01017--005 **122.50

REINSTATEMENT 06-07
CR2E081 (1/07)