

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAY -6 PM 4:42

DOCUMENT # ND5000001425

1. Corporation Name

Racoon Point Owners Association, Inc.

2. Principal Office Address - No P.O. Box #

27548 Bayshore Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1657

Suite, Apt. #, etc.

City & State

Bonita Springs, FL

City & State

Bonita Springs, FL

Zip

34134

Country

USA

Zip

34133

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/10/2005

5. FEI Number

20-2704022

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

Barbara Williams

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

27548 Bayshore Drive

Suite, Apt. #, Etc.

City

Bonita Springs

State

FL

Zip Code

34134

☒ 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.

See letter attached

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

Barbara Williams

Date

5-1-09

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
D	Carrie Ashton	27544 Bayshore Drive	Bonita Springs, FL 34134
D	Barbara Williams	27548 " "	" " " "
D	LuAnne Holzinger	27528 " "	" " " "

REINSTATEMENT

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:

Barbara Williams

Director

Date

5-1-09

Daytime Phone #

239-

289-2049

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR