

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 16 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # n05000003677

1. Corporation Name

Spring Pines West Homeowners' Association, Inc.

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

2815 Crown Pointe Dr.

3. Mailing Office Address

2815 Crown Pointe Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Haines City, FL

City & State

Zip

33844

Country

Polk

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4-11-2005

5. FEI Number
061763715

☐ 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

William D. Smith

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

2815 Crown Pointe Dr.

Suite, Apt. #, Etc.

City

Haines City

State
FL

Zip Code
33844

☒ 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

William D. Smith

Date 3-11-09

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
President	William D. Smith	2815 Crown Pointe Dr.	Haines City, FL 33844
Vice-President	Rudy Socorro	2856 Pond View Dr.	Haines City, FL 33844
Treasurer	Keith Slingo	2833 Crown Pointe Dr.	Haines City, FL 33844
Secretary	Vivian Socorro	2856 Pond View Dr.	Haines City, FL 33844

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:

William D. Smith

William D. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-09

Date

863-439-7603

Daytime Phone #

3/17/09