

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 AUG 12 AM 11: 37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO5000006938

1. Corporation Name

Shire Ridge at Moccasin Gap Homeowners
Association, Inc.

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

8652 Shire Ridge Loop

Suite, Apt. #, etc.

3. Mailing Office Address

234 EAST 7TH AVENUE

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

Zip

32309

Country

USA

City & State

Tallahassee, Florida

Zip

32303

Country

USA

REINSTATEMENT 09-11

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

7-6-05

5. FEI Number

204670944

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

SCOTT MILLS

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

8688 Shire Ridge Loop

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32309

400211004704

08/12/11--01017--008 **367.50

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

[Signature]

Date

8/9/11

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
P	JEFFERY BENTON	8652 Shire Ridge Loop	Tallahassee, FL 32309
VP	DONNA STRANGE	8640 Shire Ridge Loop	Tallahassee, FL 32309
S	JAMI COPELIN	8682 Shire Ridge Loop	Tallahassee, FL 32309
T	MEGAN COPELIN	234 EAST 7TH AVENUE	Tallahassee, FL 32303

2.8/12

10. E-mail Address: benton813@embargo.com

(To be used for future annual report notification)

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-9-2011 850 3218872
Daytime Phone #