

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 MAR -7 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000011822

1. Corporation Name

Twin Spires Plantation Homeowners' Association,
Inc.

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

6833 Cedar Ridge Drive

Suite, Apt. #, etc.

3. Mailing Office Address

6833 Cedar Ridge Drive

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Pensacola, FL

Zip

32526

Country

USA

Zip

32526

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/22/05

5. FEI Number

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

Ricky L. Faciane

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

6833 Cedar Ridge Drive

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32526

REINSTATEMENT

600257589416

03/07/14--01036--016 **516.25

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

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	Ricky L. Faciane	8608 Eight Mile Creek Road	Pensacola, FL 32526
D	Connie Faciane	8608 Eight Mile Creek Road	Pensacola, FL 32526
D	Daniel J. Speranzo	8608 Eight Mile Creek Road	Pensacola, FL 32526

10. E-mail Address: RICK.FACIANE 50 @yahoo.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 the 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0120114

Date

850 944 6805

Daytime Phone