

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 DEC 15 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO5404

1. Corporation Name

CHIMNEY SWIFT HOLLOW PROPERTY OWNERS
ASSOCIATION
2029 CHIMNEY SWIFT HOLLOW, TALLAHASSEE FL

2. Principal Office Address

32312
SAME

Suite, Apt. #, etc.

City & State

TALLAHASSEE FL

Zip

32312

Country

LEON

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 9905

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/28/2004

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

GARY J. CLARKE

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

2029 CHIMNEY SWIFT HOLLOW

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32312

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

Gary J. Clarke

Date 12/15/05

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
PRES	GARY J CLARKE	2029 CHIMNEY SWIFT HOLLOW TALLAHASSEE, FL	32312
sec/tres	RITA LEDLOW	2027 CHIMNEY SWIFT HOLLOW TALLAHASSEE, FL	32312

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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 under section 119.07(3)(b), 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:

Gary J. Clarke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/05

Date

Daytime Phone #

B. Mitchell

DEC 15