

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07000001002

1. Corporation Name

Peach Avenue Homeowners Association, Inc

Peach Avenue Townhomes Homeowners' Association Inc.

2. Principal Office Address - No P.O. Box #
603 Chastain Rd.

3. Mailing Office Address
603 Chastain Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Seffner, FL

City & State
Seffner, FL

Zip
33584

Country
USA

Zip
33584

Country
USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida **1/29/2007**

5. FEI Number
77-0681893

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
Teresa Gonzalez

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

Suite, Apt. #, Etc.

City
Seffner

State
FL

Zip Code
33584

100287294071
06/24/16--01027--014 **236.25

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

Teresa Gonzalez

REGISTERED AGENT MUST SIGN

Date **06/22/2016**

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	Teresa Gonzalez	603 Chastain Rd.	Seffner, FL 33584
V	Christina Burgess	1109 Vinewood Drive	Seffner, FL 33584
S/T	Richard Gonzalez	603 Chastain Rd.	Seffner, FL 33584

REINSTATEMENT

JUN 24 2016

R. HUNT

10. E-mail Address: **teresagonzalez1010@icloud.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:

Teresa Gonzalez
Teresa Gonzalez

6/22/16 813-478-2903

Date Daytime Phone #