

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07000011879

1. Corporation Name

Fox Borough Home Owners, Inc

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

440 SW Koon Hollow Glen

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 93

Suite, Apt. #, etc.

City & State

Fort White

City & State

Fort White, FL 32038

Zip

Florida

Country

America

Zip

32038

Country

America

7. Name and Address of Current Registered Agent

Name

Betty S Koon

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

440 SW Koon Hollow Glen

Suite, Apt. #, Etc.

City

Fort White

State

FL

Zip Code

32038

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

Betty S Koon
REGISTERED AGENT MUST SIGN

Date 1/8/2010

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	Betty S Koon	440 SW Koon Hollow Gl	Fort White, FL 32038
V	Sharon Koon	440 SW Koon Hollow Gl	Fort White, FL 32038
T	William D. Koon, Jr	440 SW Koon Hollow Gl	Fort White, FL 32038

10. E-mail Address: cmeride@windstream.net

(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., 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.

SIGNATURE:

Betty S Koon

Betty S Koon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/2010

Date

386-497-2400

Daytime Phone #

FILED

10 JAN 11 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200165755142
01/11/10--01051--024 **183.75

REINSTATEMENT

08-10

4. Date Incorporated or Qualified
To Do Business in Florida

Dec.12,2007

5. FEI Number
14-2013788

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ NO

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.

1/12/10