

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 DEC 23 AM 9:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N08642

1. Corporation Name  
Terrace Oaks of Hillsborough County  
Homeowners Association, Inc

2. Principal Office Address  
14813 Turner Rd

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip  
33624

Country

Hillsborough

3. Mailing Office Address

14813 Turner Rd

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33624

Country

Hillsborough

200062111792  
12/13/05--01023--008 \*\*236.25

Per Karen Beyer + Sean

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

T. Roberts

DEC 23 2005

5. FEI Number

59-2885590

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

West Coast Management + Realty, Inc.

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

14813 Turner Rd

Suite, Apt. #, Etc.

Betty B. Ridge, Manager

City

Tampa

State  
FL

Zip Code

33624

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 B. Ridge, Manager

REGISTERED AGENT MUST SIGN

Date

12/19/05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip  |
|--------|--------------------------------------|---|---------------------|
| Pres   | Twanda Pearson                       | 10316 Councils Way                                | Tampa, FL 33617     |
| Sec    | Judy Brown                           | 10324 Councils Way                                | Tampa, FL 33617     |
| Treas  | Ruth Melendez                        | 11407 Smokethorn Dr                               | Riverview, FL 33569 |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |

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)(i), 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:

Ruth Melendez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-7-05

Daytime Phone #

813 908-0766

Ruth Melendez