

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 JAN 15 P 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 1109023

1. Corporation Name

THE GREATER FARMS AT QUINCY
PROPERTY OWNERS ASSOCIATION, INC.

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

55 QUAIL ROOST DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 54

Suite, Apt. #, etc.

City & State

QUINCY, FL

City & State

QUINCY, FL

Zip

32352

Country

USA

Zip

32353

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/01/1985

5. FEI Number

593023500

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

JAMES ANDERSON

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

55 QUAIL ROOST DRIVE

Suite, Apt. #, Etc.

City

QUINCY

State

FL

Zip Code

32352

☒ 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.

REINSTATEMENT
08-10

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

James Anderson
REGISTERED AGENT MUST SIGN

Date

1/15/10

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
<u>P/D</u>	<u>JAMES ANDERSON</u>	<u>55 QUAIL ROOST DRIVE</u>	<u>QUINCY, FL 32352</u>
<u>T/V/D</u>	<u>ROBERT SUTTON</u>	<u>385 LAKE LAURIE CIRCLE</u>	<u>QUINCY, FL 32352</u>
<u>S/D</u>	<u>ROSA BARKLEY</u>	<u>775 QUAIL ROOST DRIVE</u>	<u>QUINCY, FL 32352</u>
<u>D</u>	<u>VERA GARCIA</u>	<u>336 DOGWOOD TRAIL</u>	<u>QUINCY, FL 32352</u>
<u>D</u>	<u>CINDY D'ENTREMONT</u>	<u>210 PLANTERS CIRCLE</u>	<u>QUINCY, FL 32352</u>
<u>D</u>	<u>JOHN YOUNG</u>	<u>105 LAKE LAURIE CIRCLE</u>	<u>QUINCY, FL 32352</u>

10. E-mail Address: N/A

(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:

Robert A. Sutton

ROBERT A. SUTTON

JAN 15, 2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #