

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 NOV -5 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N10106

1. Corporation Name

BIRCHWOOD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

120 NORTH BLVD. EAST
LEESBURG FL 34748

Mailing Address

120 NORTH BLVD. EAST
LEESBURG FL 34748

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07/09/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2614264

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	COE, ERIC	120 NORTH BLVD. EAST	LEESBURG FL 34748
ST	MANNING, JON	918 W. DIXIE AVE.	LEESBURG FL 34748
D	OWEN, JACK	1111 W. DIXIE AVENUE	LEESBURG FL 34748

REINSTATEMENT

8. Name and Address of Current Registered Agent

COE, ERIC
120 NORTH BLVD. EAST
LEESBURG FL 34748

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

700002340767--2
-11/06/97--01107--007
****236.25 ****236.25

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Eric Coe

REGISTERED AGENT MUST SIGN

Date

10/31/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eric Coe

10/31/97

Date

352-728-2999

Daytime Phone #

CR2E040 (8/97)