

APR 10/02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 MAY -8 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 111488

1. Corporation Name

Foxridges Subdivision Homeowners Assn Inc

200005574902--0

-05/20/02--01063--022

****183.75 ****183.75

2. Principal Office Address

31611 CROSS CREEK

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Zephyrhills FL

City & State

Zip

33543

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/08/85

5. FEI Number

N/A

☐ 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

KEVIN D. WRIGHT

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

3701 TACK DRIVE

Suite, Apt. #, Etc.

City

Zephyrhills

State

FL

Zip Code

33543

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

Kevin Wright

REGISTERED AGENT MUST SIGN

Date 04/18/02

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>V/D</u>	<u>BILL SIDWELL</u>	<u>3410 STEEPLECHASE RD</u>	<u>Zephyrhills FL 33543</u>
<u>T/D</u>	<u>ANN BEATTIE</u>	<u>31611 CROSS CREEK LANE</u>	<u>Zephyrhills FL 33543</u>
<u>S/D</u>	<u>JOAN MATTIE</u>	<u>31424 CROSS CREEK LANE</u>	<u>Zephyrhills FL 33543</u>
<u>P/D</u>	<u>KEVIN WRIGHT</u>	<u>3701 TACK DRIVE</u>	<u>ZEPHYRHILLS FL 33543</u>

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:

Kevin Wright
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/18/02

Daytime Phone #

813 242 8337

CR2E081 (9/01)