

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV 16 PM 4:40

DOCUMENT # N11894

1. Corporation Name

NATURE'S HIDEAWAY PHASE IA HOMEOWNERS ASSOCIATI
ON, INC.

Principal Place of Business

7227 OTTER CREEK DR
NEW PORT RICHEY FL 34655
US

Mailing Address

7227 OTTER CREEK DR
NEW PORT RICHEY FL 34655
US

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

11/04/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

50-2854416

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$9.75 / Year (not 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)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|----------|-----------------------------------|--|--------------------|
| 1 | 2 | 3 | 4 |
| PD | RINALDI, RALPH | 7227 OTTER CREEK DRIVE | NEW PORT RICHEY FL |
| STD | SINGALLIANO, GOTT MORAN, Tom | 7501 HIDEAWAY TRAIL 7216 OTTER CREEK DRIVE | NEW PORT RICHEY FL |
| D | MAYER, ZOLTON BASAGIC, BRUCE | 7025 HIDEAWAY TRAIL 7328 OTTER CREEK DRIVE | NEW PORT RICHEY FL |
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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RINALDI, RALPH
7227 OTTER CREEK DRIVE
NEW PORT RICHEY FL 34655

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0606, F.S.

Signature of
Registered Agent

Ralph Rinaldi REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/12/99

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 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.

AD

SIGNATURE:

Ralph Rinaldi REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/99
Date

727.376.3434
Daytime Phone #