

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC 11 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N11894*

1. Corporation Name

NATURES HIDEAWAY PHASE 1A
HOMEOWNERS ASSOCIATION INC.

2. Principal Office Address

2189 CLEVELAND ST.

3. Mailing Office Address

2189 CLEVELAND ST.

Suite, Apt. #, etc.

SUITE 225

Suite, Apt. #, etc.

SUITE 225

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

Zip

33765

Country

USA

Zip

33765

Country

USA

REINSTATEMENT *02*

800009167448

11/22/02--01039--010 **236.25

4. Date incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

LENNARD A. LEIGHTON

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

2189 CLEVELAND STREET

Suite, Apt. #, Etc.

SUITE 225

City

CLEARWATER

State

FL

Zip Code

33765

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

Handwritten Signature

REGISTERED AGENT MUST SIGN

Date

11/11/02

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 |
|--------|--------------------------------------|---|---------------------------|
| P D | BRUCE BASAGIC | 7328 OTTER CREEK DR. | NEW PORT RICHEY, FL 34655 |
| T D | TOM MORAN | 7226 OTTER CREEK DR. | NEW PORT RICHEY, FL 34655 |
| D | RALPH RINELDI | 7227 OTTER CREEK DR. | NEW PORT RICHEY, FL 34655 |
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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.; 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:

Handwritten Signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E081 (9/01)