

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL 13 AM 10:39

DOCUMENT # **U12401**

1. Corporation Name

**Waters Edge Townhomes Home
owner's Association**

2. Principal Office Address

87 Willow Avenue

Suite, Apt. #, etc.

City & State

Larchmont, N.Y.

Zip

10538

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

200039125972

07/14/04--01043--017 **358.75

REINSTATEMENT

02-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/5/1985

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

Marian B. Rush

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

726 NE 1st Street

Suite, Apt. #, Etc.

Gainesville

City

Florida

State

FL

Zip Code

32601

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

Marian B. Rush

Date

7/13/04

REGISTERED AGENT MUST SIGN

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
PD	Peter S. Rush	87 Willow Avenue	Larchmont, NY 10538
SD	Agnes C. Rush	726 NE First St.	Gainesville, FL 32601
VP	Menick. Rush	87 Willow Ave.	Larchmont, NY 10538

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:

M. C. Rush
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/13/04

Daytime Phone #

CR2E081 (01/04)