PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2019 JAN 18 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FL

DOCUMENT # N14000010539

1. Corporation Name
TUSCANY WOODS OF POLK HOMEOWNERS ASSOCIATION, INC.

900328502909
01/18/19--01005--002 **236.25

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
500 Orchid Springs Drive		500 Orchid Springs Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Winter Haven, FL		Winter Haven, FL	
Zip	Country	Zip	Country
33884	USA	33884	USA

4. Date Incorporated or Qualified To Do Business in Florida 11/18/2014

5. FEI Number 47-3745848 ☐ 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: Stambaugh, Inc.

Street Address (P.O. Box Number is Not Acceptable): 500 Orchid Springs Drive

Suite, Apt. #, Etc.:

City: Winter Haven | State: FL | Zip Code: 33884

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 _____ Date 1/8/19
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
P	Jeremy Andrews	500 Orchid Springs Drive	Winter Haven, FL 33884
VP	Megan Powell	500 Orchid Springs Drive	Winter Haven, FL 33884
S/T	Daniel Crawford	500 Orchid Springs Drive	Winter Haven, FL 33884

10. E-mail Address: stambaughinc@verizon.net
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Jeremy Andrews 1/8/19 863-559-2932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

K. ASHTON