

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 FEB -7 PM 12:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N14715

1. Corporation Name

QUAIL HOLLOW VILLAGE AND WILLOW LAKES SUBDIVISION CIVIC ASSOCIATION, INCORPORATED

Principal Place of Business

Mailing Address

P.O. BOX 7202  
WESLEY CHAPEL FL 33543-7202

P.O. BOX 7202  
WESLEY CHAPEL FL 33543-7202

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

99.00

4. Date Incorporated or Qualified To Do Business in Florida

05/05/1986

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee 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
PT	GONZALES, MANUEL	4880 TAMPA DOWNS BLVD Tampa	LUTZ FL 33549
S	KLINGENSMITH, RITCHEL Brenda Filpula	4535 DEBBIE LN 4948 Steel Dust	LUTZ FL 33549
DT	GONZALES, AMY Linda Forstad	4880 TAMPA DOWNS BLVD 4645	LUTZ FL 33549
DT	VEIT, FOREST	4750 STEELDUST LN	LUTZ FL 33549
V	Huff, David	4909 Steel Dust Lane	LUTZ FL 33549

8. Name and Address of Current Registered Agent

KLINGENSMITH, RITCHEL  
4535 DEBBIE LN  
LUTZ FL 33549

9. Name and Address of New Registered Agent

Name Linda Forstad  
Street Address (P.O. Box Number is Not Acceptable)  
4645 Tampa Downs Blvd.  
Suite, Apt. #, Etc.  
City Lutz State FL Zip Code 33549

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 1/14/2000

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/2000  
Date

Daytime Phone #

KE