PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 DEC 19 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N15005

1. Corporation Name
STEEPLECHASE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business
8208 STEEPLECHASE BLVD.
ORLANDO, FL 32818

Mailing Address

100002381431--1
-12/23/97--01116--002
****245.00 ****245.00

REINSTATEMENT 97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
8131 STEEPLECHASE BLVD.
Suite, Apt. #, etc.
City & State
ORLANDO, FL
Zip 32818 Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 5-20-1986

5. FEI Number 59-1824597 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P D	ANDERSON, CURT	8131 STEEPLECHASE BLVD.	ORLANDO, FL 32818
T D	RIFFLE, THOMAS R.	4826 HURDLE CT.	ORLANDO, FL 32818
D	COMBS, GENE	8244 STEEPLECHASE BLVD.	ORLANDO, FL 32818
D	SCOTT, VALERIE	4824 POLO CT.	ORLANDO, FL 32818
D	ALEXANDER, MARY	8208 STEEPLECHASE BLVD.	ORLANDO, FL 32818

8. Name and Address of Current Registered Agent
ALEXANDER, MARY
8208 STEEPLECHASE BLVD.
ORLANDO, FL 32818

9. Name and Address of New Registered Agent
Name RIFFLE, THOMAS R.
Street Address (P.O. Box Number is Not Acceptable) 4826 HURDLE CT.
Suite, Apt. #, Etc.
City ORLANDO State FL Zip Code 32818

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 Thomas R. Riffle
REGISTERED AGENT MUST SIGN
Date 12-15-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒
(See other side for information on intangible tax.)

12. 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: Thomas R. Riffle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
THOMAS R. RIFFLE, TREASURER

12-15-97 Date
(401)656-2291 Daytime Phone #

CR2E045 (12-96)