

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

FILED

12 NOV 27 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N17536

1. Corporation Name

KELLYWOOD HOMEOWNERS' ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #

5565 KODIAC COURT

3. Mailing Office Address

5565 KODIAC COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

Zip

32311

Country

US

Zip

32311

Country

US

CR2E081 (11/10)

4. Date Incorporated or Qualified

To Do Business in Florida 10/27/86

5. FEI Number

59-2813776

☐ 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

JIMMY ADAMS

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

5565 KODIAC COURT

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32311

200242115812

11/27/12--01002--012 **358.75

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

Jimmy Adams

REGISTERED AGENT MUST SIGN

Date 11-26-12

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	JIMMY ADAMS	5565 KODIAC COURT	TALLAHASSEE, FL 32311
VP	MARK EVELO	9855 KENAI DRIVE	TALLAHASSEE, FL 32311
S	VIVIAN EVELO	9855 KENAI DRIVE	TALLAHASSEE, FL 32311
T	ROBERT R. ANDERSON, SR	9838 KENAI DRIVE	TALLAHASSEE, FL 32311
REINSTATEMENT - 2010, 2011 + 2012			

10. E-mail Address:

evelo@netally.com

(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:

Vivian Evelo (Vivian Evelo)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/26/12

Date

850-566-1241

Daytime Phone #