

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

01 MAR 19 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N19277

1. Corporation Name

LIPONA BLUFFEE HOMEOWNERS
ASSOCIATION, INC.

2. Principal Office Address

1222 BRANDT DR, 32308

Suite, Apt. #, etc.

City & State

Tallahassee Fla.

Zip
32308

Country

US

3. Mailing Office Address

2282
PO BOX 2822 32316

Suite, Apt. #, etc.

City & State

Tallahassee Fla.

Zip

32316

Country

US

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

5. FEI Number

59-2877890

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

LEE NETTLES

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

1222 BRANDT DR

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32308

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 3/19/01

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
J.P.D.	RONALD MERRIX	904 BRAVE TRAIL	TALLA, FLA. 32309
T.D.	KATIE MERRIX	917 BRAVE TRAIL	TALLA, FLA. 32309
P.D.	LEE NETTLES	1222 BRANDT DR.	TALLA, FLA. 32308

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

3/19/01 591-1565
Date Daytime Phone #

CR2E081 (9/00)