

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

10 MAR 17 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N20207

1. Corporation Name

West Hills/University Acres/Meadow Wood/Blakemeade Neighborhood Association, Inc.

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

2772 Northwest 43rd Street

Suite, Apt. #, etc.

Suite S

City & State

Gainesville, FL

Zip

32606

Country

USA

3. Mailing Office Address

P.O. Box 357721

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip

32635-7721

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/17/1987

5. FEI Number

59-2958329

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

Stephen A. Rappenecker

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

2772 Northwest 43rd Street

Suite, Apt. #, Etc.

Suite S

City

Gainesville

State

FL

Zip Code

32606

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Stephen A. Rappenecker
REGISTERED AGENT MUST SIGN

Date March 12, 2010

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/T	Thoms, Ellen	1510 Northwest 68th Terrace	Gainesville, FL 32605
VP	Schlafke, Maria	6520 Northwest 18th Avenue	Gainesville, FL 32605
D/S	Losen, Kay	7520 Northwest 18th Avenue	Gainesville, FL 32606

10. E-mail Address: srappenecker@hrelawfirm.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., 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.

SIGNATURE:

Ellen Thoms

Ellen Thoms, President

March 13, 2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/10