

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 AUG 21 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N20478**

1. Corporation Name

**BRANDON TRACES
HOMEOWNERS ASSOCIATION, INC.**

2. Principal Office Address

1932 SARAH LOUISE DR

Suite, Apt. #, etc.

City & State

BRANDON FL

Zip

33510

Country

USA

3. Mailing Office Address

1932 SARAH LOUISE DR

Suite, Apt. #, etc.

City & State

BRANDON FL

Zip

33510

Country

USA

REINSTATEMENT

96-00

4. Date Incorporated or Qualified
To Do Business in Florida

05/05/1987 SP

5. FEI Number

593032863

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

GERARD HEMNESS

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

1932 SARAH LOUISE DR

Suite, Apt. #, etc.

City

BRANDON

State

FL

Zip Code

33510

200003379992-3

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******490.00 ****490.00**

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

Gerard Hemness
REGISTERED AGENT MUST SIGN

Date **8/16/00**

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
DIRECTOR	CHRISTINE MODISETTE	1724 BRANDON TRACE BRANDON FL 33510	BRANDON FL 33510
DIRECTOR	BILL BURNETT	1924 SARAH LOUISE DR	BRANDON FL 33510
DIRECTOR	GERARD HEMNESS	1932 SARAH LOUISE DR	BRANDON FL 33510

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:

Gerard Hemness
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/00
Date

813 272-5400
Daytime Phone #