

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP -2 PM 2:52

DOCUMENT # N22831

1. Corporation Name

3300 Palmetto Drive Owners' Association, Inc.

2. Principal Office Address

35 Turkey Creek

Suite, Apt. #, etc.

City & State

Alachua, Florida

Zip

32615

Country

USA

3. Mailing Office Address

35 Turkey Creek

Suite, Apt. #, etc.

City & State

Alachua, Florida

Zip

32615

Country

USA

REINSTATEMENT 94-05

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

10-05-1987

5. FEI Number

307148565

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

A. Bice Hope, Esquire

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

408 West University Avenue,

Suite, Apt. #, Etc.

Suite #406

City

Gainesville

State
FL

Zip Code

32601

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

A. Bice Hope REGISTERED AGENT MUST SIGN

Date 08/26/2005

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
D,P	John W. Beagle	11416 Palmetto Blvd	Alachua, FL 32615
D	Alicia Ayala	11420 Palmetto Blvd.	Alachua, FL 32615
D	Michael Kaht	11418 Palmetto Blvd.	Alachua, FL 32615
D	Betty Guinn	11422 Palmetto Blvd.	Alachua, FL 32615
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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:

John W. Beagle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John W. Beagle, President

Date

(386) 462-5732

Daytime Phone #

CR2001 (01/05)