

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2006 AUG -4 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1725775

1. Corporation Name

Byrnwyck Village at the Eagles

2. Principal Office Address

16301 Byrnwyck Ln

Suite, Apt. #, etc.

3. Mailing Office Address

16301 Byrnwyck Ln

Suite, Apt. #, etc.

City & State

Odessa, FL

City & State

Odessa, FL

Zip

33556

Country

USA

Zip

35556

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1988

5. FEEL Number

592900629

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name
Bruce Derby

Street Address (P.O. Box Number is Not Acceptable)
16301 Byrnwyck Ln

Suite, Apt. #, Etc.

City
Odessa

State
FL

Zip Code
33556

B 8/9/06

REINSTATEMENT 01-UP

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

Bruce Derby

700078619697

08/11/06 Date 01/02/06 **367.50

REGISTERED AGENT MUST SIGN

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	Bruce Derby	16301 Byrnwyck Ln	Odessa, FL 33556
V	Channing Applegarth	12717 Benty Way	Odessa, FL 33556
T	Susan Hare	12715 Benty Way	Odessa, FL 33556
S	Betty Trava	12708 Benty Way	Odessa, FL 33556
D	Lee di Paci	16302 Byrnwyck Ln	Odessa, FL 33556
D	Patty Jeffords	12707 Benty Way	Odessa, FL 33556

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 contained in Chapter 119, 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:

Bruce Derby

Bruce Derby

8/2/06

(813)-

920-0990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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Name

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Suite, Apt. #, Etc.

City

State
FL

Zip Code

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Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

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Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Larry DeClercq	12712 Benty Way	Odessa, FL 33556

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Note:

We never received the Annual
Report Notice in 2001, Please
waive the reinstatement fee.

Thanks in advance,

Bruce Derby

Bruce Derby