

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

03 SEP 24 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N25935

1. Corporation Name

Presidents of Tanglewood
Associations, Inc.

REINSTATEMENT 02-03

2. Principal Office Address

828 Parkwood

3. Mailing Office Address

P.O. Box 6601

Suite, Apt. #, etc.

Suite, Apt. #, etc.

300023304853
09/24/03--01057--008 **367.50

City & State

Titusville, FL

City & State

Titusville, FL

4. Date Incorporated or Qualified
To Do Business in Florida

4-15-1988

5. FEI Number

59-2949209

Applied For

Not Applicable

Zip

32796

Country

Brevard

Zip

32782

Country

Brevard

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Lisa Smith

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

828 Parkwood

Suite, Apt. #, Etc.

City

Titusville

State
FL

Zip Code

32796

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

Lisa M. Smith

Date

9-19-03

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	Lisa Smith	828 Parkwood Titusville, FL 32796	Titusville, FL 32796
V	Peggy Ritchie	808 Crestwood Titusville, FL 32796	Titusville, FL 32796
S	Jackie Walden	836 Parkwood	Titusville, FL 32796
T	Amanda VanFossen	3964 Ridgewood Dr	Titusville, FL 32796

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:

Amanda VanFossen

9-18-03

269-4454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)