

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN 19 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N26490

1. Corporation Name

Amherst Property Owners Association,
Inc

2. Principal Office Address

6235 SE Ames Way

3. Mailing Office Address

Post Office Box 1493 Post Office Box 1493

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hobe Sound, FL

City & State

Hobe Sound, FL

Zip

33455

Country

US

Zip

US

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

1988

5. FEI Number

65-0403758

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

000082618100
12/18/06--01052--011 *236.25

CR2E081 (12/05)

06-07

7. Name and Address of Current Registered Agent

Name

Boss, Deborah L

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

759 S. Federal Highway

Suite, Apt. #, Etc.

Suite 212

City

Stuart

000082618100
01/25/07 01000 020 **61.25

State
FL

Zip Code

34994

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

Deborah L. Boss

REGISTERED AGENT MUST SIGN

Date 12-22-06

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	Robert Goosman	6235 SE Ames Way	Hobe Sound, FL 33455
VP	Roland Whitlock	6239 SE Ames Way	Hobe Sound, FL 33455
S	Mary Goosman	6235 SE Ames Way	Hobe Sound, FL 33455
T	Lisa Dawley	6247 SE Ames Way	Hobe Sound, FL 33455
D	Woody Bohmuller	6232 SE Ames Way	Hobe Sound, FL 33455

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:

Lexia P. Dawley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/06 772-370-8452

Date

Daytime Phone #