

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 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300086167703
01/25/07--01004--005 **603.75

REINSTATEMENT 01-07

CR2E081 (1/07)

DOCUMENT # N26616

1. Corporation Name

SOUTHWOOD, BLOCK 5 HOMEOWNERS ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #
PMB241

3. Mailing Office Address
PMB241

Suite, Apt. #, etc.
2357-3 S. Tamiami Trail

Suite, Apt. #, etc.
2357-3 S. Tamiami Trail

City & State
Venice, FL 34293-5022

City & State
Venice, FL 34293-5022

Zip Country
34293-5022 USA

Zip Country
34293-5022 USA

4. Date Incorporated or Qualified
To Do Business in Florida 5/25/88

5. FEI Number
65-0051450

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
Judith Houston

Street Address (P.O. Box Number is Not Acceptable)
4995 Pepperwood Place

Suite, Apt. #, Etc.

City
Venice

State Zip Code
FL 34293

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Judith Houston

REGISTERED AGENT MUST SIGN

Date *January 18, 2007*

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	Judith Houston	4995 Pepperwood Place	Venice, FL 34293
VP	Larry Grant	4211 Timberline Blvd.	Venice, FL 34293
T	Al Bonatz	4242 Spicetree Street	Venice, FL 34293
S	Gail Moyer	4958 Tamarack Trail	Venice, FL 34293
		<i>01/12</i>	

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:

Judith Houston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 18, 2007

Date

941-493-7860

Daytime Phone #