

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 JUL 22 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N28606

1. Corporation Name

Brandon Forest Homeowners Association, Inc.

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

2956 Forest Circle

3. Mailing Office Address

2956 Forest Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Seffner, Florida

City & State

Seffner, Florida

Zip

33584

Country

USA

Zip

33584

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/26/1997

5. FEI Number

☐ 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

Fred Brewer

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

2956 Forest Circle

Suite, Apt. #, Etc.

City

Seffner

State

FL

Zip Code

33584

☒ 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

Date

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
D/P	Fred Brewer	2956 Forest Circle	Seffner / Florida / 33584
D/V	Michael Guy	2950 Forest Circle	Seffner / Florida / 33584
D/S	Stacy Krona	2911 Forestwood Drive	Seffner / Florida / 33584
D/T	Susan Johnson	2924 Forest Circle	Seffner / Florida / 33584

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:

Fred Brewer
FRED BREWER

15 July 2009 813-654-6282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #