

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N30683

1. Corporation Name

INDIAN RIDGE PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

C/O NANCY RENAULD
P.O. BOX 874
KATHLEEN FL 33849
US

Mailing Address

C/O NANCY RENAULD
P.O. BOX 874 N/A
KATHLEEN FL 33849
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/14/1989

5. FEI Number

59-2942233

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
STD	RENAULD, NANCY	8642 INDIAN RIDGE WAY	LAKELAND FL 33810
D	SCHAFER, CHARLES	8602 INDIAN RIDGE WAY	LAKELAND FL 33810
P	RENAULD, VICTOR	8642 INDIAN RIDGE WAY	LAKELAND FL 33810
VD	PATTERSON, ROBERT	8653 INDIAN RIDGE WAY	LAKELAND FL 33810
D	PATTERSON, LINDA	8653 INDIAN RIDGE WAY	LAKELAND FL 33810
D	SCHAFER, LAURA	8602 INDIAN RIDGE WAY	LAKELAND FL 33810

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~NANCY RENAULD~~
~~8642 INDIAN RIDGE WAY~~
~~LAKELAND FL 33810~~

Name

NANCY RENAULD

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

8642 INDIAN RIDGE WAY

Suite, Apt. #, Etc.

City

LAKELAND

State

FL

Zip Code

33810

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Nancy Renauld
REGISTERED AGENT MUST SIGN

Date

10/29/99

11. 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:

Nancy Renauld NANCY RENAULD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/29/99

Daytime Phone #

863 8534944

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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