

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 14 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N31538**

1. Corporation Name

RABBIT HILL HOME OWNERS ASSOCIATION

2. Principal Office Address

2814 RABBIT HILL RD

Suite, Apt. #, etc.

3. Mailing Office Address

2814 RABBIT HILL RD

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

City & State

Zip

32308

Country

US

Zip

32308

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

MAY 1988

5. FEI Number

59-2891376

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$375 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

JOAN WADSWORTH WEST

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

2808 RABBIT HILL ROAD

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32308

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **13 MARCH 2003**

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
PRES.	JOAN WADSWORTH WEST	2808 RABBIT HILL RD	TAL, FL. 32308
SEC. / PRES.	FLORENCE M. BRAINERD	2814	"
DIR.	JOHN BURKETTE	2802	"
DIR.	RALPH ZIMMERMAN	2807	"
DIR.	SID BIGHAM	2806	"

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/03
Date

385-5944
Daytime Phone #

CR2E081 (10/02)