

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 AUG 23 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N32373

1. Corporation Name

Spruce Creek South Homeowners' Association, Inc.

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

17585 SE 102nd Avenue

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Summerfield, Florida

City & State

Zip

34491

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/18/1989

5. FEI Number

59-2990211

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Harvey D. Erp

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

17585 SE 102nd Avenue

Suite, Apt. #, Etc.

City

Summerfield

State

FL

Zip Code

34491

☐ 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*Harvey D. Erp*

REGISTERED AGENT MUST SIGN

Date *Aug 21 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
D	Erp, Harvey D	17585 SE 102nd Avenue	Summerfield, Florida 34491
D	Erp, Brenda J	17585 SE 102nd Avenue	Summerfield, Florida 34491

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harvey D. Erp *Aug 21 2007* 352 804-8000