

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N37516

1. Corporation Name

TANGLEWOOD ESTATES MOBILE HOMEOWNERS ASSOCIATION
, INC.

Principal Place of Business

5100 ORANGE AVE.
PORT ORANGE FL 32127
US

Mailing Address

5100 ORANGE AVE.
PORT ORANGE FL 32127
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/02/1990

5. FEI Number

59-3019388

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
SPITZ, PAUL S P	LEONARD A DONOVAN	60 CROWELL ST 193 ORCHARD ST	PORT ORANGE FL 32127
D	SCHOFIELD, LOUISE	170 ORCHARD ST	PORT ORANGE FL 32127
D	BERNADINE, SCOTT	150 WALL ST	PORT ORANGE FL 32127
VP	CLINE, BOBBIE PETER BLUTO	209 BELDACH ST 295 BERN ST	PORT ORANGE FL 32127
WALKER, GARY R	ROBERT THOMPSON	64 ANDREWS ST 229 LINDEN ST	PORT ORANGE FL 32127
*D	SLOBISKI, JOANNE	177 TANGLEWOOD AVE	PORT ORANGE FL 32127

8. Name and Address of Current Registered Agent

SLOBISKI, JOANNE
177 TANGLE WOOD AVE,
PORT ORANGE FL 32127

9. Name and Address of New Registered Agent

Name

ROBERT THOMPSON

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

229 LINDEN ST

Suite, Apt. #, Etc.

City

PORT ORANGE FL

State

FL

Zip Code

32127

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. or 617.0505, F.S.

Signature of
Registered Agent

Robert Thompson
REGISTERED AGENT MUST SIGN

Date

10/21/03

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.

ROBERT THOMPSON

SIGNATURE:

Robert Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/21/03

Daytime Phone #

386 322 9887

CR2E040 (7/03)