PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMEN ⁻



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N37749

1. Corporation Name

LANDOVER HILLS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

FILED

FILED Nov 20, 2002 8:00 A Secretary of State

1335 LANDOVER PLACE TALLAHASSEE FL 32311 US		1335 LANDOVER PLACE TALLAHASSEE FL 32311 US		PEMSTATEVERT OZ			
	addresses are incorrect in any way, line the rincipal Office Address, If Applicable	ugh incorrect information and enter correction below 3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 04/20/1990			
Suite, Apt. #_etc. 67/5 Landover Circle City & State TANALMSSEC FL.		Suite, Apt. #, etc. 6715 LANDOVER CIRCLE City & State Tallahassee FL.		5. FEI Number 59-3017882 Applied For Not Application		Applied For Not Applicable	
^{Zip} 323	17 Country U.S.	32517 Cour	U.S.		E OF STATUS DESIRED 🗆	.75 Additional Fee required for a Certificate of Status	
7. Names Title(s)	Name of Officers and/or Directors 1 Name of Officers and/or Directors		offit corporations must list at least 3 directors) Street Address of Each Officer and/or Director		City / State / Zip 4 -TALLAHA00FE FL-02011*		
PD TD	BEARD, Roy I THOMAS, OYNTHA- Beck Roger V.	. 6715 LA -11240 LANDO	6715 LANGOVER CIRCLE 11340 LANDOVER PLACE 1335/ANDOVER PLACE		TALLAHASSEE FL 32317 TALLAHASSEE FL 32317 Tallahassee FL 32317		
-00 5 D -√0	Peacock, Jerr	1323 LANDOW	ER PLACE	hrole	TALLAHASSES FL 020- TALLAHASSES FL 020- TALLAHASSES FL 020-	nr e <i>Fl.32317</i> 14	
1 D	Jackson, Mehael	. B. 6624 LA	pudovor (SO	TAII a hassee DCIO 9 1 500 0201004007	55 **236.25	
8. Name and Address of Current Registered Agent				Name and Address of New Registered Agent			
HICKS, WAYNE B 1335 LANDOVER PLACE TALLAHASSEE FL 32311			Name Besed, Roy I. Street Address (P.O. Box Number is Not Acceptable) 67 15 And Lovee Circle Suite, Apt. #, Etc. City State Zip Code 73//36cssee FL 323/7				
10. I, being Signature o Registered	Agent Agent	ove named corporation, am familiar	with and accept the	obligations of Sect			
11. I certify	that I am an officer or director or the recei	ver or trustee empowered to execut	te this application as	provided for in cha	enter 607 or 617 F.S. Liusther	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

SIGNATURE: SIGNATURE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

11-11-02

850-656-1962

Daytime Phone #