

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 OCT 22 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N42068

1. Corporation Name
BUCKHORN ESTATES HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business P.O. BOX 308 VALRICO FL 33595 US	Mailing Address P.O. BOX 308 VALRICO FL 33595 US
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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		4. Date Incorporated or Qualified To Do Business in Florida 02/13/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 50-3053617	
City & State		City & State		Applied For Not Applicable	
Zip		Zip		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT 99 TS

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City & State
TD	RAVINS, JAY RAVINS, PAM	2502 ARBORWOOD	VALRICO FL
SD	RAVINS, PAM ROBERTS, JACK	2502 ARBORWOOD 2505 BRIMHOLLOW	VALRICO FL
D	MIGNONE, FRANK ANDERSON, ARNIE	2011 STAR MOUNT 2801 BRIAN HOLLY	VALRICO FL
VD	HUDASH, TRACY ABATE, NICK	2018 OLOVERFIELD LANE 2601 GREATVIEW	VALRICO FL
D	MIGNONE, BELLA CAHELA, RICK	2011 STAR MOUNT 2608 CRESTFIELD	VALRICO FL 33594
DP	GUTHRIE, NICOLA MEKHAIK, JULIE	2715 BRIARPATCH DR 2430 BUCKNELL	VALRICO FL

8. Name and Address of Current Registered Agent MOWERY, SUSAN I 2710 BRIARPATCH DR VALRICO FL 33594		9. Name and Address of New Registered Agent Name: Linda Wells Street Address (P.O. Box Number is Not Acceptable): 2517 Bucknell Dr Suite, Apt. #, Etc.: City: Valrico State: FL Zip Code: 33594	
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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: Linda Wells Date: 10-19-99
REGISTERED AGENT MUST SIGN

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: Julie Mekhnik Date: Oct 19 19 Daytime Phone #: 8136817424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2280 (8/98)