

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 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N45112**

1. Corporation Name

NORTHAMPTON MASTER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~2830 WELLINGTON CIRCLE~~
~~SUITE 201~~
~~TALLAHASSEE FL 32308~~
~~US~~

~~C/O KRM MANAGEMENT, INC.~~
~~431 WAYERLY RD.~~
~~TALLAHASSEE FL 32312~~

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

2. New Principal Office Address, If Applicable

5349 TEWKESBURY TRC

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

Zip

32308

Country

LEON

3. New Mailing Office Address, If Applicable

5349 TEWKESBURY TRACE

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

Zip

32308

Country

LEON

4. Date Incorporated or Qualified
To Do Business in Florida

09/12/1991

5. FEI Number

59-3085772

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
1	2	3	4
PD	FUREY, BOB	5349 TEWKESBURY TRACE	TALLAHASSEE FL 32308
VD	BUHLER, BRIET T. HOLDER, TOM	2830 WELLINGTON CIRCLE 5294 ST. IVES LANE	TALLAHASSEE FL 32308
SD	GOODWIN, ELLA	2828 WELLINGTON CIRCLE, SUITE 201	TALLAHASSEE FL 32308
TD	MOSES, ROGER SMITH, BOB	2830 KERRY FOREST PKWY. 5354 GARIBROOKE LANE	TALLAHASSEE FL 32308
TD	WRIGHT, KIRBY	5011 ST. IVES LANE	TALLAHASSEE FL 32308

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~ISAACS, DAN LEE~~
~~431 WAYERLY RD.~~
~~TALLAHASSEE FL 32312~~

FUREY, BOB
5349 TEWKESBURY TRC
TALLAHASSEE, FL 32308

Name

FUREY, BOB

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

5349 TEWKESBURY TRACE

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32308

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

Bob Furey
REGISTERED AGENT MUST SIGN

Date

10/20/99

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:

Bob Furey **BOB FUREY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/99 (850) 893-1729

Daytime Phone #