

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 APR 14 AM 6:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N93000000793

1. Corporation Name

Atwater Homeowners Association, Inc.

2. Principal Office Address

439 Atwater Court

Suite, Apt. #, etc.

3. Mailing Office Address

439 Atwater Court

Suite, Apt. #, etc.

City & State

Mary Esther, FL

City & State

Mary Esther, FL

Zip

32569

Country

USA

Zip

32569

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

March 8, 1993

5. FEI Number

59-3195448

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Wendy Day

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

439 Atwater Court

Suite, Apt. #, Etc.

City

Mary Esther

State

FL

Zip Code

32569

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

Wendy Day

Date

4-8-2008

REGISTERED AGENT MUST SIGN

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
PD	Wendy Day	439 Atwater Court	Mary Esther, FL-32569
VD	Ferris Thomas	441 Atwater Court	Mary Esther, FL 32569
STD	Lynn Berry	435 Atwater Court	Mary Esther, FL 32569

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:

Wendy Day

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-2008

Date

850-259-8779

Daytime Phone #