

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

97 NOV 24 PM 4: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004516

1. Corporation Name

3323 Bahia South ~~Southwest~~ Association

N93000004516

Principal Place of Business

Mailing Address

Same as above

76 Turkey Creek
Alachua, FL 32615

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

32615

Alachua

4. Date Incorporated or Qualified
To Do Business in Florida

10-6-93

5. FEI Number

☒ 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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Pres-Dir	Marilyn HepTINSTALL	11417 NW 67th Terrace	Alachua, FL 32615
DIR-	Lisa Anne Misha	11417 NW 67th Terrace	Alachua, FL 32615
DIR-	Betty Austin	11417 NW 67th Terrace	Alachua, FL 32615
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****428.75 ****428.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Charles HepTINSTALL

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

11417 NW 67th Terrace

Suite, Apt. #, Etc.

City

Alachua

State

FL

Zip Code

32615

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

Charles HepTINSTALL

REGISTERED AGENT MUST SIGN

Date 11-9-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Marilyn HepTINSTALL - Pres - Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-9-97

Date

Daytime Phone #

904
462-5207

CR2040 (12/96)