

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
Mar 29, 2001 8:00 A.M.
Secretary of State

DOCUMENT # N93000004859

1. Corporation Name

Egret Woods Subdivision Homeowner's
Association, Inc.

2. Principal Office Address

7843 Seminole Blvd.

Suite, Apt. #, etc.

City & State

Seminole, FL

Zip

33772

Country

Pinellas

3. Mailing Office Address

8430 Egret Lane

Suite, Apt. #, etc.

City & State

Seminole, FL

Zip

33776

Country

Pinellas

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/22/93

5. FEI Number

65-0522480

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

Timothy C. Schuler

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

7843 Seminole Blvd.

Suite, Apt. #, Etc.

City

Seminole

State

FL

Zip Code

33772

REINSTATEMENT 1996-01

M. W. No

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

TIMOTHY C. SCHULER

REGISTERED AGENT MUST SIGN

Date 11/13/00

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
P, D	Martin Dekkers	8430 Egret Lane	Seminole, FL 33776
VP, D	Michael Buchler	8224 Egret Woods Circle	Seminole, FL 33776
S	Karen Barshel	8558 Egret Lane	Seminole, FL 33776
T, D	Jean Charlotin	8200 Egret Woods Circle	Seminole, FL 33776

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTIN DEKKERS, President

Martin Dekkers

11/20/00

Date

727 3975130

Daytime Phone #

CR2E081 (9/99)