PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2020 - 2022 Annual Report

DOCUMENT # N 93000005669

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FILED

CR2E081 (11/10)

1. Corporation Name
Alafia River County Meadows Homeowner's Association, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
10202 Elbow Bend Rd.	10202 Elbow Bend Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Riverview, FL	City & State: Riverview, FL
Zip: 33578 Country: US	Zip: 33578 Country: US

4. Date Incorporated or Qualified To Do Business in Florida 12/17/1993

5. FEI Number 59-3337879 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED no — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Law Offices of Deborah Rose Tracy, P.A.
Street Address (P.O. Box Number is Not Acceptable): 10150 Highland Manor Dr.
Suite, Apt. #, Etc.: Suite 200
City: Tampa State: FL Zip Code: 33610

ST 8/16/22

Filed without reinstatement Fee. See 12-28-21 Summary Judgment.

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 _____ Date 5-3-22
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
D/P	James J. Paskert	10202 Elbow Bend Rd.	Riverview, FL 33578
D/S	Hans H. Klockes	10204 Elbow Bend Rd.	Riverview, FL 33578
D/T	Richard L. Bloomer	10208 Elbow Bend Rd.	Riverview, FL 33578

10. **E-mail Address:** rick1957@verizon.net
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ Richard L. Bloomer T 05/03/2022 (813) 451-9455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #