

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000000257

1. Corporation Name

VALLEY WOOD II HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

8201 River Ridge Blvd
New Port Richey, Fl
34654

8201 River Ridge Blvd
New Port Richey, Fl
34654

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

40347 US 19 North

Suite 201

Tarpon Springs, Fl

34689

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/19/1994

5. FEI Number

Applied For

59-3399763

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
P/D	Rosemary Perveiler/D	10815 Chenegua Court	New Port Richey, Fl 34654
VP/D	Annette Doherty/D	7633 Bayhill Court	New Port Richey, Fl 34654
S/D	Ellis Davis/D	10800 LaQuinta Drive	New Port Richey, Fl 34654
T/D	Irene Berlin/D	7610 Oakmont Lane	New Port Richey, Fl 34654

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Irene Karagianis

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

40347 US 19 North

Suite, Apt. #, Etc.

Suite 201

City

Tarpon Springs

State

FL

Zip Code

34689

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

Irene Karagianis

REGISTERED AGENT MUST SIGN

Date 7-07-97

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:

Annette Doherty

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/5/97 8138419004

FILED

97 JUL 25 PM 1:22

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 95-97

CR2E040 (12/95)