

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION FOR REINSTATEMENT

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

95-97

FILED
 97 JUL 25 PM 1:22
 DIVISION OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N94000000257

1. Corporation Name
VALLEY WOOD II HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address W7-137D
8201 River Ridge Blvd 8201 River Ridge Blvd
New Port Richey, Fl New Port Richey, Fl
34654 34654

REINSTATEMENT 95-97

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/19/1994	
City & State		City & State		5. FEI Number	
Zip		Zip		Applied For	
Country		Country		Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Rosemary Perveiler/D	10815 Chenega Court	New Port Richey, FL 34654 ^D
V/P/D	Annette Doherty/D	7633 Bayhill Court	New Port Richey, FL 34654 ^D
S/D	Ellis Davis/D	10800 LaQuinta Drive	New Port Richey, FL 34654 ^D
T/D	Irene Berlin/D	7610 Oakmont Lane	New Port Richey, FL 34654 ^D

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 -07/30/97-01134-007
 ***058.75 ***050.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name		Name	
Street Address (P.O. Box Numbers Not Acceptable)		Street Address (P.O. Box Numbers Not Acceptable)	
Suite, Apt. #, Etc.		Suite, Apt. #, Etc.	
City		City	
State		State	
Zip Code		Zip Code	

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 Date 7-07-97
 REGISTERED AGENT MUST SIGN

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)(l), 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: Irene Karagianis Date 7/5/97
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 8138419004

CR2E040 (1/2/95)