

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC -2 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000002599

1. Corporation Name

SHELDON CHASE HOMEOWNERS
ASSOCIATION, INC

2. Principal Office Address

115 S DALE MABRY Hwy

Suite, Apt. #, etc.

SUITE 300

City & State

TAMPA, FL

Zip

33609

Country

HILLSBOROUGH

3. Mailing Office Address

115 S DALE MABRY Hwy

Suite, Apt. #, etc.

SUITE 300

City & State

TAMPA, FL

Zip

33609

Country

HILLSBOROUGH

REINSTATEMENT 02

1002-32810

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

5. FEI Number

593251699

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

UNIQUE PROPERTY SERVICES, INC

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

115 S DALE MABRY Hwy

Suite, Apt. #, Etc.

SUITE 300

City

TAMPA

100009296451

12/02/02--01039--025 **245.00

State

FL

Zip Code

33609

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

Olivia R Knight

Date

11/8/02

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
<u>PD</u>	<u>SHIRLEY SHIRLEY</u>	<u>8804 SHELDON CHASE DR</u>	<u>TAMPA, FL 33635</u>
<u>VPD</u>	<u>ASHLEY LESTER</u>	<u>9021 SHELDON CHASE DR</u>	<u>TAMPA, FL 33635</u>
<u>SD</u>	<u>STEPHANIE MILLETT</u>	<u>8806 SHELDON CHASE DR</u>	<u>TAMPA, FL 33635</u>
<u>T/D</u>	<u>SHAUNA SHAW</u>	<u>9009 SHELDON CHASE DR</u>	<u>TAMPA, FL 33635</u>

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

11/25/02

Date

Daytime Phone #

CR2081 (9/01)

12/15