


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 NOV 19 PM 3:20

**CORPORATION REINSTATEMENT**



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

DOCUMENT # n94000004354

1. Corporation Name  
**NATURA HOMEOWENRS ASSOCIATION INC.**

|  |                         |   |                         |
|--|-------------------------|---|-------------------------|
| 2. Principal Office Address<br><b>9108 US 19</b> |                         | 3. Mailing Office Address<br><b>9108 US 19</b>  |                         |
| Suite, Apt. #, etc.<br><b>Port Richey</b>        |                         | Suite, Apt. #, etc.<br><b>Port Richey 34668</b> |                         |
| City & State<br><b>Port Richey Fl.</b>           |                         | City & State<br><b>Port Richey Fl.</b>          |                         |
| Zip<br><b>34668</b>                              | Country<br><b>PASCO</b> | Zip<br><b>34668</b>                             | Country<br><b>Pasco</b> |

**REINSTATEMENT** <sup>VB</sup> 00-01

4. Date Incorporated or Qualified To Do Business in Florida **9/6/94**

5. FEI Number **59-327-4144** 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  
**MARIE C. BUERKERT LCAM**

Street Address (P.O. Box Number is Not Acceptable)  
**9108 US 19**

Suite, Apt. #, Etc.  
**PROPERTY MANAGEMENT**

City  
**Port Richey**

State  
**FL**

Zip Code  
**34668**

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 *Marie C. Buerkert* Date 11/16/01

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                   |
|---------------|-----------------------------------|--|--------------------------------------|
| Pres. D       | <b>JOE HANLON</b>                 | <b>7150 Arboretum Way</b>                      | <b>34655<br/>New Port Richey FL</b>  |
| V.P. D        | <b>Kathy Winchester</b>           | <b>7052 Captiva Circle</b>                     | <b>34655<br/>New Port Richey Fl</b>  |
| Secy/Treas. D | <b>ROBERT THERRIEN</b>            | <b>7136 Arboretum Way</b>                      | <b>34655<br/>New Port Richey Fl.</b> |
|               |                                   |  |                                      |
|               |                                   |  |                                      |

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: *Cathy Winchester* **CATHY WINCHESTER** 11/15/01 813-349-5471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (8/00)

**TIMESAVER = REPLY**

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TO SPEED our message to you - and to speed your reply to us we use this informal Timesaver letterhead.

Please reply in the space indicated below, detach the yellow copy for your files and return the white to us.

TO

Dept. of State  
Division of Corporations  
PO BOX 6327  
Tallahassee Fl. 323 14

**PRUDENTIAL TROPICAL REALTY  
PROPERTY MANAGEMENT DEPT.**

8406 Massachusetts Avenue, Suite A-1  
Prudential  New Port Richey, Florida 34653  
727/847-6556 FAX 727/847-9676  
**MARIE C. BUERKERT, PPM**  
*Property Manager*


SUBJECT: NATURA HOMEOWNERS ASSOCIATION

DATE: 11/16/01

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Enclosed herewith is form and check for the reinstatement of the above. I hope that this is all in order - please advise if there is something further needed.

our new address is 9108-US 19 Port richey Fl. 34668  
as of 11/20/01

  
Marie C. Buerkert LCAM  
Property Manager

DATE:

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