

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

98 JAN -9 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004507

1. Corporation Name
SEMINOLE RIDGE PROPERTY OWNERS ASSOCIATION, INC

Principal Place of Business Mailing Address
RT 1 BOX 110 P.O. BOX 1424
BARBER BRANCH RD MACCLENNY FL 32083
ST. GEORGE GA 31646



REINSTATEMENT 97-98

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.		09/09/1994	
City & State		City & State		5. FEI Number	
Zip		Country		59-3313706	
				Applied For	
				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
PD	OWENS, MARTIN W	P.O. BOX 1424 N/A RT. 1 BOX 110 BARBER BRANCH RD. ST. GEORGE, GA 31646	MACCLENNY FL 32083
VTD	CREWS, DARRELL	RT 1 BOX 634 602 S 6 ST	SANDERSON FL 32087
SD	CREWS, JULIE	RT 1 BOX 634	SANDERSON FL 32087
			300002398633--1 -01/13/98--01081--005 ***297.50 ***297.50

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
PIERCE, ROBERT J 602 S 6 ST MACCLENNY FL 32083		Name MARTIN W. OWENS Street Address (P.O. Box Number Is Not Acceptable) RT. 1 BOX 634 Suite, Apt. #, Etc. City SANDERSON State FL Zip Code 32087	

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 Martin W. Owens Date Jan. 5, 1998
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: Martin W. Owens / MARTIN W. OWENS 1/5/98 912-243-8118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2940 (8/97)