

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -5 AM 8:00

DOCUMENT # N9400000 4552

1. Corporation Name

Timberland Estates Property Owners
Association, Inc.

REINSTATEMENT 01-03

000025254616
12/05/03-01031--019 **358.75

MRS

2. Principal Office Address

515 S. 6th Street

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Macleenny, FL

City & State

Zip

32063

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9-15-1994

5. FEI Number

59-3278270

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

Thomas R. Rhoden William R. Rhoden

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

515 South 6th Street

Suite, Apt. #, Etc.

City

Macleenny

State
FL

Zip Code

32063

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

William R. Rhoden

Date

11-24-03

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
P	Thomas R. Rhoden	515 S. 6th St.	Macleenny, FL 32063
V	William R. Rhoden	515 S. 6th St.	Macleenny, FL 32063
ST	Tina M. Rhoden	515 S. 6th St.	Macleenny, FL 32063

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:

William R. Rhoden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-24-03

Daytime Phone #

904-259-8989

CR2E081 (10/02)