

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN -9 PM 1:56

DOCUMENT # **N94000004891**

1. Corporation Name

Broadmoor Homeowners' Association, Inc.

2. Principal Office Address

3008 - E NW 13 ST

Suite, Apt. #, etc.

City & State

Gainesville FL

Zip

32609

Country

USA

3. Mailing Office Address

10418 NW 13 Ave

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip

32606

Country

USA

REINSTATEMENT 98-00

4. Date Incorporated or Qualified To Do Business in Florida

9/29/94

5. FEI Number

59 - 338602

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

Stephen R. Cannon

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

10418 NW 13 AVENUE

Suite, Apt. #, Etc.

Gainesville

City

State
FL

Zip Code

32606

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

[Signature]

REGISTERED AGENT MUST SIGN

Date *5/31/00*

10/6/10

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	<i>Stephen R. Cannon</i>	<i>10418 NW 13 Ave</i>	<i>Gainesville FL 32606</i>
VP	<i>Peaqy Tomlinson</i>	<i>10233 NW 13 Lane</i>	<i>Gainesville FL 32606</i>
T	<i>Gloria Wiens</i>	<i>10302 NW 13 Lane</i>	<i>Gainesville FL 32606</i>
D	<i>Robert Eller</i>	<i>10213 NW 13 Lane</i>	<i>Gainesville FL 32606</i>
D	<i>Ray Kerr</i>	<i>1103 NW 98 Terr</i>	<i>Gainesville FL 32606</i>
D	<i>Donna Biqony</i>	<i>9919 NW 13 Ave</i>	<i>Gainesville FL 32606</i>

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

5/31/00

Date

352 375 3330

Daytime Phone #

CR2E081 (9/99)