

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N94000005570**

1. Corporation Name

**SPRING RIDGE HOMEOWNERS ASSOCIATION, INC. OF AP
OPKA**

Principal Place of Business

**520 SOUTH MAGNOLIA AVE.
ORLANDO FL 32802**

Mailing Address

**520 SOUTH MAGNOLIA AVE.
ORLANDO FL 32802**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

233 S. Semoran Blvd.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Zip

32807

Country

USA

Zip

Country

REINSTATEMENT 96-97

4. Date Incorporated or Qualified
To Do Business in Florida

11/08/1994

5. FEI Number

APPLIED FOR

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DP	BRADICK, RAYMOND	520 SOUTH MAGNOLIA AVE.	ORLANDO FL 32802
DST	SINGLETON, RALPH	520 SOUTH MAGNOLIA AVE.	ORLANDO FL 32802
D	REY, JOSE A	233 S. SEMORAN BLVD.	ORLANDO FL 32807

8000002190378--8
-05/23/97--01124--003
*****297.50 *****297.50

96-22-97

8. Name and Address of Current Registered Agent

**BRADICK, RAYMOND
520 SOUTH MAGNOLIA AVE.
ORLANDO FL 32802**

9. Name and Address of New Registered Agent

Name

Jose A. Rey

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

233 S. Semoran Blvd.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32807

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

REGISTERED AGENT MUST SIGN

Date

05/21/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/21/97

Date

(407) 281-6666

Daytime Phone #