

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TAMPA, FLORIDA

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-08/17/99--01062--004
****358.75 ****358.75

REINSTATEMENT

97-99¹⁰

DOCUMENT # N94000006236

1. Corporation Name

RIVER BLUFFS OF TAMPA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

8456 River Dune Street North
Tampa, Florida 33617

P.O. Box 16532
Tampa, FL 33687-6532

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

2. New Principal Office Address, If Applicable

Lloyd Humphrey, President
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 16532, Tampa, FL 33687-6532
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida
12/21/94

5. FEI Number

Applied For

53-5348996

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)

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
P/D	Lloyd Humphrey	8456 River Dune Street North	Tampa, FL 33617
VP/D	Johnny Hendrix	8439 River Dune Street North	Tampa, FL 33617
S/D	Lester Brooks	River Dune Street North	Tampa, FL 33617
T/D	Henry A. Tapley	8437 River Dune Street North	Tampa, FL 33617

8. Name and Address of Current Registered Agent

Johnny Hendrix
8439 North River Dune Street
Tampa, FL 33617

9. Name and Address of New Registered Agent

Name

Johnny Hendrix

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

8439 North River Dune Street

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33617

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 August 5, 1999

11. This corporation owes 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 in 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:

Lloyd Humphrey, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 5, 1999 813/276-2935

Date

Daytime Phone #

CR2008 (12/98)