

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2007 JAN 18 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

02-07

CR2E081 (12/05)

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000000913			
1. Corporation Name Summerwood Homeowners Association of Polk County, Inc.			
2. Principal Office Address 3452 Summerwood Way Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 219 Suite, Apt. #, etc.	
City & State Lakeland, FL		City & State Highland City, FL	
Zip 33812	Country USA	Zip 33846	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 1997	
5. FEI Number 593358994	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Tibbs, Paul B.	
Street Address (P.O. Box Number is Not Acceptable) 3452 Summerwood Way	
Suite, Apt. #, Etc. 200086194862	
City Lakeland	State FL
Zip Code 33812	

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 Paul B. Tibbs Date 1-15-07

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/D	Paul B. Tibbs	3452 Summerwood Way	Lakeland, FL 33812
V/D	Karen Sue Riley	3475 Summerwood Way	Lakeland, FL 33812
T/D	Robert M. Harley	3490 Summerwood Way	Lakeland, FL 33812
S/D	Philip Sharpe	3493 Summerwood Way	Lakeland, FL 33812
D	Vacant		

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 contained in Chapter 119, 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: Paul B. Tibbs, Pres. 1-15-07 863-646-4848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1/19 aw