

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC -4 AM 8:23

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

300009345693  
12/04/02--01033--001 \*\*236.25



REINSTATEMENT 02

DOCUMENT # N95000001608

1. Corporation Name

DYREHAVEN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~2014 DYREHAVEN DR.~~  
~~TALLAHASSEE FL 32311~~

~~2014 DYREHAVEN DR.~~  
~~TALLAHASSEE FL 32311~~

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

2. New Principal Office Address, If Applicable

~~2042 Dyrehaven Dr~~  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~P.O. Box 12543~~  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

04/05/1995

5. FEI Number

59-3345297

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

City & State  
Tallahassee, FL

Zip Country  
32317 USA

City & State  
Tallahassee, FL

Zip Country  
32317 USA

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 3	City / State / Zip 4
VD	PIPEMEIER, SHARON	8747 QUEEN ANNA DR.	TALLAHASSEE FL <del>32311</del> 32317
PD	WOLFE, NATALIE	2042 DYREHAVEN DR.	TALLAHASSEE FL 32311 32317
SD	<del>PEPPER, LEROY</del> Noren, H. Lee	<del>2009 DYREHAVEN DR.</del> 8058 Greenmont Ave	TALLAHASSEE FL <del>32311</del> 32317
T	<del>TOWEY, EDWARD J</del>	<del>2014 DYREHAVEN DR.</del>	<del>TALLAHASSEE FL 32311</del>

8. Name and Address of Current Registered Agent

~~TOWEY, EDWARD J~~  
~~2014 DYREHAVEN DR.~~  
~~TALLAHASSEE FL 32311~~

9. Name and Address of New Registered Agent

Name  
Natalie Wolfe  
Street Address (P.O. Box Number is Not Acceptable)  
2042 Dyrehaven Dr  
Suite, Apt. #, Etc.

City  
Tallahassee

State  
FL

Zip Code  
32317

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

12/2/02

11. 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

Date

Daytime Phone #

12/2/02 216-1982