

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 APR -3 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000001939(6)

1. Corporation Name

TROPICAL ACRES HOMEOWNERS ASSOCIATION OF
AUBURNDALE, INC.

WAB-6772

Principal Place of Business

Mailing Address

5333 Glenmore Drive
Lakeland, FL 33813

P.O. Box 1303
Auburndale, FL 33823

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

4/24/95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied for

☒ Applied For

☐ Not Applicable

City & State

City & State

Auburndale, FL

Zip

Country

Zip

33823

Country

Polk

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P D	Roberts, Eugene L.	5333 Glenmore Drive	Lakeland, FL 33813
S D	Durham, Jim	545 Avenue K, SE	Winter Haven, FL 33880
T D	Gabaldon, Adrian	210 S. Main Street	Auburndale, FL 33823

5/16/98

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****358.75 ****358.75

8. Name and Address of Current Registered Agent

Corporation Information Services
1201 Hays Street
Tallahassee, FL 32301

9. Name and Address of New Registered Agent

Name

Adrian Gabaldon

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

210 S. Main Street

Suite, Apt. #, Etc.

City

Auburndale

State

FL

Zip Code

33823

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

Adrian Gabaldon
REGISTERED AGENT MUST SIGN

Date 3/16/98

11. This corporation owes or has paid 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 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

Adrian Gabaldon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Adrian Gabaldon--3/16/98

Date

941/967-3557

Daytime Phone #

CR2040 (1/98)