

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 # N95000003207

1. Corporation Name

DEER RIDGE AT RIVER RIDGE
HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

8201 RIVER RIDGE BLVD.
NEW PORT RICHEY, FL
34654

P.O. BOX 909
NEW PORT RICHEY, FL
34656-0909

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/30/95

5. FEI Number

59-3386703

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
P/D	M.D. BOYCE	8201 RIVER RIDGE BLVD.	NEW PORT RICHEY, FL 34654
V/D	WILLIAM D. PAUL II	8201 RIVER RIDGE BLVD.	NEW PORT RICHEY, FL 34654
S/D	B.J. REYNOLDS	8201 RIVER RIDGE BLVD.	NEW PORT RICHEY, FL 34654

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILLIAM D. PAUL II
8201 RIVER RIDGE BLVD.
NEW PORT RICHEY, FL 34654

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

W Paul II

REGISTERED AGENT MUST SIGN

Date 03/21/97

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:

W Paul II

VP/D

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/21/97 (813) 845-5252

Date

Daytime Phone #

REINSTATEMENT 96-97

CR20040 (12/96)