

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 25 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000004474

1. Corporation Name

ASHFORD GLEN HOMEOWNERS ASSOCIATION INC.

2. Principal Office Address - No P.O. Box #

644 Capital Circle NE

Suite, Apt. #, etc.

3. Mailing Office Address

Post Office Box 13089

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32301

Country

USA

Zip

32317

Country

USA

400163134924

11/25/09--01006--020 **\$61.25

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
59-3357321

Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robert S. Rhinehart

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

644 Capital Circle NE

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32317

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Date 11/24/09

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	Buddy Miranda	9858 Brookhollow LN	Tallahassee, FL 32317
VP	Jeff Whitford	9882 Brookhollow LN	Tallahassee, FL 32317
S/T	Sharon Bruley	226 Glenbrook Ct.	Tallahassee, FL 32317

REINSTATEMENT

2009

10. E-mail Address: ems@ems-fl.biz

(To be used for future annual report notification)

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. I further certify, 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

11/24/09

Daytime Phone #