

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 # N95DDDD454D

1. Corporation Name

SIERRA PINES/MEADOWBROOK HOMEOWNERS
ASSOCIATION

Principal Place of Business

Mailing Address

1620 WOODFIELD CT.
LUTZ, FL 33549

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

2. New Principal Office Address, If Applicable

~~SAME AS ABOVE~~

3. New Mailing Office Address, If Applicable

~~SAME AS ABOVE~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/22/95

5. FEI Number

59-3335902

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

FILED

98 DEC -7 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500002706575--9
-12/08/98--01077--018
****245.00 ****245.00

REINSTATEMENT

98 ad

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	WALTER N. REEVES	1620 WOODFIELD CT. 1620 WOODFIELD CT.	LUTZ FL 33549
VP/D	RICHARD J. TERRACCIANO	17625 DOGWOOD DR.	LUTZ FL 33549
SEC/TREAS	ANGELA R. DIBLASI	17604 HICKORY TREE CT.	LUTZ FL 33549

8. Name and Address of Current Registered Agent

~~TERI G. IPPOLITO~~
TERI G. IPPOLITO
17540 DRIFTWOOD LANE
LUTZ FL 33549

9. Name and Address of New Registered Agent

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

Teri G. Ippolito
REGISTERED AGENT MUST SIGN

Date

12-4-98

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:

Walter N. Reeves
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WALTER N. REEVES

12/4/98
Date

813-281-0118
Daytime Phone #

CR2E040 (1/98)