

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 SEP 27 AM 9:11

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95 00000 5965

1. Corporation Name

South Home Court Home
Owners Association

2. Principal Office Address

3311 Home Court

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33611

Country

USA

3. Mailing Office Address

3311 Home Court

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33611

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/15/1995

5. FEI Number

593346571

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

09/07/05 01016 09 \$358.75

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Linda Zipkin

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

3311 Home Court

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33611

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

Linda Zipkin

Date 8/29/06

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
officer	President Winifer MacKinnon	3307 Home Ct.	Tampa, FL 33611
officer	Treasurer Linda Zipkin	3311 Home Ct.	Tampa, FL 33611
officer	Secretary Terri Hanshaw	3315 Home Ct.	Tampa, FL 33611
		<u>8/29/28</u>	<u>200080310882 -</u> <u>09/29/06-01061-007 **87.50</u>

10. 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 contained in Chapter 119, 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:

Winifer MacKinnon Winifer MacKinnon 8/29/06 813-831-7315

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #