## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 16 PH 2: 18

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # N96000000920

1. Corporation Name

BLOOMINGDALE VILLAGE HOMEOWNERS' ASSOCIATION, INC.

| 2. Principal Office Address                        |                                                             | 3. Mailing Office Address                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                 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| Name of<br>Officers and/or Directors               |                                                             |                                                                                                                                                                                                                                                              | Street Address of Each<br>Officer and/or Director                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                         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| Pete_                                              | Williams                                                    | \$\                                                                                                                                                                                                                                                          | 11 t                                                                                                                                                                                                                                                                                                                                                                                                                                                       | e_135                                                                                                                                                                                   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|                                                    | Name Pete Street Add 3550 Suite, Apr City Tam appointed the | Name Pete Williams Street Address (P.O. Box Number is 3550 Buschwood Suite, Apt. # Etc. Suite 135 City Tampa appointed the registered agent of the above and Street Addresses of Each Officer a Name of Officers and/or Director Wheaton, Fred Brown, Sheila | 3550 Bus  A, etc.  Suite, Apt. #, etc.  Suite 13  City & State  Tampa, F  Zip  7. Name  PeteWilliams  Street Address (P.O. Box Number is Not Acceptable) 3550 Buschwood Park Drive  Suite, Apt. # Etc.  Suite 135  City  Tampa  appointed the registered agent of the above named corporation of Agent  Pete Williams  REGISTERED AGENT  Name of Officers and/or Director (Florida in Name of Officers and/or Directors)  Wheaton, Fred  Brown, Sheila  15 | 3550 Buschw Suite, Apt. #, etc. Suite 135 City & State Tampa, FL Zip  7. Name and Average Address (P.O. Box Number is Not Acceptable) 3550 Buschwood Park Drive Suite, Apt. #, Etc. Suite 135 City Tampa appointed the registered agent of the above named corporation, am for Agent Pete Williams REGISTERED AGENT MUST s and Street Addresses of Each Officer and/or Director (Florida nonproduction) Name of Officers and/or Directors  Wheaton, Fred 1505 Brown, Sheila 1521 | 3550\Buschwood Park Dr Suite, Apt. #, etc. Suite 135 City & State Tampa, FL 33618 Country  7. Name and Address of Current Regist Name PeteWilliams Street Address (P.O. Box Number is Not Acceptable) 3550 Buschwood Park Drive Suite, Apt. #. Etc. Suite 135 City Tampa appointed the registed agent of the above named corporation, am familiar with and accept the Address of Each Officer and/or Director (Florida nonprofit corporations must list a Name of Officers and/or Directors  Wheaton, Fred  Brown, Sheila  1521 Crooked St. 3550 Buschwood | 3550 Buschwood Park Dr.  Suite, Apt. #, etc.  Suite 135  City & State  Tampa, FL 33618  Country  7. Name and Address of Current Registered Address (P.O. Box Number is Not Acceptable) 3550 Buschwood Park Drive  Suite, Apt. #, Etc. Suite 135  City  Tampa  appointed the registered agent of the above named corporation, am familiar with and accept the oblig of Agent  Pete Williams REGISTERED AGENT MUST SIGN  s and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least of Street Address and Officer and/or Director (Florida nonprofit corporations must list at least of Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least of Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least of Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least of Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least of Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least of Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least of Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least of Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least of Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least of Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least of Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least of Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least of Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least of Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least of Street Address of E | 3550 Buschwood Park Dr.  Suite, Apt. #, etc.  Suite 135  City & State  Tampa, FL 33618  Country  To Do Busin  Tampa, FL 33618  Country  To Country  To Country  To Do Busin  59-336  Certificate  7. Name and Address of Current Registered Agent  Name Petel Williams Street Address (P.O. Box Number is Not Acceptable) 3550 Buschwood Park Drive Suite, Apt. #, Etc. Suite 135  City Tampa  appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section  Agent Pete Williams  REGISTERED AGENT MUST SIGN  Name of Officers and/or Directors  Name of Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers and/or Directors  Wheaton, Fred  1505 Crooked Stick Dr.  Brown, Sheila  1521 Crooked Stick Dr.  3550 Buschwood Park Dr. | 3550 Buschwood Park Dr.  Suite, Apt. #, etc.  Suite 135  City & State  Tampa, FL 33618  Zip Country  7. Name and Address of Current Registered Agent  Name PeteWilliams Street Address (P.O. Box Number is Not Acceptable) 3550 Buschwood Park Drive  Suite 135  City Tampa  Street Address (P.O. Box Number is Not Acceptable) 3550 Buschwood Park Drive  Suite 135  City Tampa  appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.050  Agent Pete Williams  REINSTA  4. Date incomporated or 70 to Do Business in Flo  5. FEI Number 59-3364854  6. CERTIFICATE OF STATU  Street Address of Current Registered Agent  Name Pete Williams  Street Address of Current Registered Agent  Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers and/or Directors  Officers and/or Directors  Wheaton, Fred  1505 Crooked Stick Dr. Val  Brown, Sheila  1521 Crooked Stick Dr.  Val  3550 Buschwood Park' Dr. | ### 3550 Buschwood Park Dr.  ### State    Suite Apt # etc. | A Date Incorporated or Qualified To Do Business in Florida  City & State  Tampa, FL 33618  Country  Zip  Country  To Name and Address of Current Registered Agent  To Do Business in Florida  To Do Busines In To Do Busines in Florida  To Do Busines In To Do Busines | Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 135  City & State Tampa, FL 33618  Country  Country  Country  Country  7. Name and Address of Current Registered Agent  Name Petel: Williams Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. Suite 135 City Tampa appointed the registreed agent of the above named corporation, am familiar with and accept the obligations of section 607,0505 or 617,0503, F.S.  Agent Pete Williams Redistered Agent must sign and street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors  Name of Officers and/or Directors Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers and/or Directors  Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers and/or Director City / State / Zip  Wheaton, Fred 1505 Crooked Stick Dr. Valrico, FL 3359.  Brown, Sheila 1521 Crooked Stick Dr. Valrico, FL 3359. |  |

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 filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept 16,00

813-643-3766

Daytim

CR2E081 (9/99)