

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

*Handwritten initials*

**REINSTATEMENT 99-00**

DOCUMENT # N96000000920  
1. Corporation Name  
BLOOMINGDALE VILLAGE HOMEOWNERS'  
ASSOCIATION, INC.

2. Principal Office Address		3. Mailing Office Address	
Suite, Apt. #, etc. SUITE 135		3550 Buschwood Park Dr. Suite, Apt. #, etc. Suite 135	
City & State		City & State	
Tampa, FL		Tampa, FL 33618	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number	Applied For
59-3364854	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	300003456283-2	
Pete Williams	-11/07/00-01130-011	
Street Address (P.O. Box Number is Not Acceptable)	****297.50 ****297.50	
3550 Buschwood Park Drive		
Suite, Apt. #, Etc.		
Suite 135		
City	State	Zip Code
Tampa	FL	33618

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: *Pete Williams* Date: 09/15/00  
Pete Williams 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
VP/D	Wheaton, Fred	1505 Crooked Stick Dr.	Valrico, FL 33594
D./S/T	Brown, Sheila	1521 Crooked Stick Dr.	Valrico, FL 33594
RD	Pete Williams	3550 Buschwood Park Dr. Suite 135	Tampa, FL 33618

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 under section 119.07(3)(f), 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: *Pete Williams* Date: Sept 16, 00 813-643-3766  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)