

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 # N96000002291

1. Corporation Name

BUCKHORN SEVENTH ADDITION HOMEOWNER'S ASSOCIATION INC.

Principal Place of Business

Mailing Address

15436 NO FLORIDA AVENUE
TAMPA FL 33613

15436 NO FLORIDA AVENUE
TAMPA FL 33613

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

2. New Principal Office Address, If Applicable

2613 DEWBERRY ST.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

VARICO, FL

City & State

Zip
33594

Country

Zip

Country

REINSTATEMENT

98

4. Date Incorporated or Qualified
To Do Business in Florida

04/29/1996

5. FEI Number

APPLIED FOR

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	SIERRA, JOHN R JR.	15436 NO FLORIDA AVENUE	TAMPA FL 33613
D	GRAY, THOMAS	15436 NO FLORIDA AVENUE	TAMPA FL 33613
D	DIGGS, VICTORIA	15436 NO FLORIDA AVENUE	TAMPA FL 33613
D	GEORGE BELCHER	2613 DEWBERRY ST.	VARICO, FL 33594
D	RODERICK HUTCHINSON	2611 DEWBERRY ST.	500002701065-6 -12/03/98-01005-014
D	JOHN MCGUIRE	2505 DEWBERRY ST.	****236.25 ****236.25

8. Name and Address of Current Registered Agent

JAMES, JUDITH L
325 SOUTH BOULEVARD
TAMPA FL 33606

9. Name and Address of New Registered Agent

Name

GEORGE BELCHER

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

2613 DEWBERRY ST.

Suite, Apt. #, Etc.

1

City

VARICO FL 33594

State

Zip Code

FL 33594

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

[Signature]

REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-22-98

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:

[Signature]
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-22-98
Date

8136211324
Daytime Phone #

CR2E040 (9/98)