

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN -4 AM 3:24

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # N96000002904

1. Corporation Name
MAGNOLIA PLACE COMMUNITY ASSOCIATION, INC.,
a Florida non-profit corporation

2. Principal Office Address
6822 Cecilia Avenue
Florida

3. Mailing Office Address
same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Sebring, Florida

City & State

Zip
33872

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida May 30, 1996

5. FEI Number
650707187

Applied For
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

Stephen M. Beyer, Esquire

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

2201 NW Corporate Blvd.,

Suite, Apt. #, Etc.

103

City

Boca Raton

State

FL

Zip Code

33431

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

REGISTERED AGENT MUST SIGN

Date December 19, 2005

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
P	Tony Gates	6822 Cecilia Avenue	Sebring, Florida 33872
VP	Randy Rioux	6822 Cecilia Avenue	Sebring, Florida 33872
S	Chris Maxson	6822 Cecilia Avenue	Sebring, Florida 33872

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)(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

Dec 20, 2005 863-386-4702

Date

Daytime Phone #