PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 AUG 10 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000003860

1. Corporation Name

SPRINGFIELD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
3298 Summit Blvd.	3298 Summit Blvd.
Suite, Apt. #, etc.: Suite 4	Suite, Apt. #, etc.: Suite 4
City & State: Pensacola, Fl.	City & State: Pensacola, Fl.
Zip: 32503 Country:	Zip: 32503 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 7/22/96

5. FEI Number: 59-3425292 ☐ 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
PD	Leslie Austin	3298 Summit Blvd. Ste 18	Pensacola, Fl. 32503
VD	Dick Godfrey	3298 Summit Blvd. Ste 18	Pensacola, Fl, 32503
STD	Jeff Shirk	3298 Summit Blvd. Ste 18	Pensacola, Fl. 32503

REINSTATEMENT 97-98 FSR 8/10/98

400002616574--2
-08/14/98--01064--024
*****245.00

8. Name and Address of Current Registered Agent

Max Dickson
3298 Summit Blvd.
Suite 18
Pensacola, Fl. 32503

9. Name and Address of Registered Agent *****245.00

Name: Ray O. Etheridge
Street Address (P.O. Box Number is Not Acceptable): 3298 Summit Blvd.
Suite, Apt. #, Etc.: Suite 4
400002616574--2
-08/14/98--01064--025
City: Pensacola, State: FL Zip Code: 32503
*****61.25 *****61.

CR2E040 (1-96)

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: Ray O Etheridge
REGISTERED AGENT MUST SIGN
Date: July 8, 1998

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: L. Austin 7.9.98 (850) 434-3585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #