

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 JUL -7 AM 8:58

**DOCUMENT # N96000005301**

1. Corporation Name

Carriage Trail Homeowners Association, Inc.

400183009924  
07/07/10--01023--001 \*\*236.25

2. Principal Office Address - No P.O. Box #

8830 SE 17th CT

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 830639

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Ocala, FL

Zip

34480

Country

USA

Zip

34483-0639

Country

USA

CR2E081 (6/10)

4. Date Incorporated or Qualified

To Do Business in Florida 10/15/1996

5. FEI Number

593420456

☐ 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

Brian O'Connor

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

8830 SE 17th CT

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34480

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 6/30/2010

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
S	Tooley, Donna	1906 SE 88th ST	Ocala, FL 34480
VP	Wooley, Val	8680 SE 17th CT	Ocala, FL 34480
T	Tackett, Jeffrey	8860 SE 17th CT	Ocala, FL 34480
P	O'Connor, Brian	8830 SE 17th CT	Ocala, FL 34480
REINSTATEMENT			

10. E-mail Address: mko555@aol.com

(To be used for future annual report notification)

11. 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. I further certify, 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

6/30/2010

Date

352 804-0313

Daytime Phone #