

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 OCT -8 AM 8:36

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N96000006126**

1. Corporation Name
Ridgewood Villas Condominium Association, Inc.

Principal Place of Business Mailing Address
2580 Ridgewood Ave. 2580 Ridgewood Ave.
Sanford, FL 32773 Sanford, FL 32773

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

2. New Principal Office Address, If Applicable n/a Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable n/a Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 12/03/96	
City & State		City & State		5. FEI Number 59-3429774	
Zip		Country		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT 98-99

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
Officer	John A. Sirianni	2580 Ridgewood Avenue	Sanford, FL 32773
Director	William Read, Jr.	2580 Ridgewood Avenue	Sanford, FL 32773
Officer	Susan L. Sirianni	2580 Ridgewood Avenue	Sanford, FL 32773
Director			

B. Name and Address of Current Registered Agent		B. Name and Address of New Registered Agent		
John A. Sirianni 2580 Ridgewood Avenue Sanford, FL 32773		Name N/A		
		Street Address (P.O. Box Number is Not Acceptable)		
		Suite, Apt. #, Etc.		
		City	State FL	Zip Code

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: REGISTERED AGENT MUST SIGN Date: **10/5/99**

11. This corporation owes 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **10/5/99** Daytime Phone #: **407-322-6117**

CR2E08 (12/98)



ACCOUNT NO. : 072100000032

REFERENCE : 404591 90714A

AUTHORIZATION : *Patricia Pizant*

COST LIMIT : \$ 900.00

ORDER DATE : October 8, 1999

ORDER TIME : 11:47 AM

ORDER NO. : 404591-005

300003010473--8

CUSTOMER NO: 90714A

CUSTOMER: Jonathan Alper, Esq
Jonathan B. Alper, P.a.
274 Kipling Court

Heathrow, FL 32746

DOMESTIC FILINGS

NAME: RIDGEWOOD VILLAS CONDOMINIUM
ASSOCIATION, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS _____

DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

99 OCT - 8 PM 3: 54

RECEIVED