

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 20 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000003390

1. Corporation Name

County Club Estates II
Property Owner's Association
Home

~~17432~~

400176532504
04/20/10--01016--027 **183.75

CR2E081 (11/09)

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

209 Greenway Ln

Suite, Apt. #, etc.

3. Mailing Office Address

209 Greenway Ln

Suite, Apt. #, etc.

City & State

Havana, FL

Zip

32333

Country

US

City & State

Havana, FL

Zip

32333

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

Janice Pattillo

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

209 Greenway Ln

Suite, Apt. #, Etc.

City

Havana

State

FL

Zip Code

32333

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Janice Pattillo
REGISTERED AGENT MUST SIGN

Date 3/31/10

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
Pres.	Janice Pattillo	209 Greenway Ln	Havana, FL 32333
V.Pres	Madora Wester	200 Fairway Dr	Havana, FL 32333
Sec- Treas.	James Pattillo	209 Greenway Ln	Havana, FL 32333

04/20

10. E-mail Address: jpattillo@att.net

(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 Janice Pattillo Janice Pattillo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/10 539-3372
Date Daytime Phone #