

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 27 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N9700004190

1. Corporation Name

Shadow Trace Homeowner's Association, Inc.

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

2560 Eclipse Lane

3. Mailing Office Address

2560 Eclipse Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola, Florida

City & State

Pensacola, Florida

Zip

32514

Country

USA

Zip

32514

Country

USA

CR2E081 (12/08)

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida** 7/22/97

5. FEI Number
27-1127279

☐ 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
Richard Frazee

Street Address (P.O. Box Number is Not Acceptable)
2560 Eclipse Lane

Suite, Apt. #, Etc.

City
Pensacola

State
FL

Zip Code
32514

☒ 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**

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/19/09

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
President	Richard Frazee	2560 Eclipse Lane	Pensacola, Florida 32514
VP	Wendell Parker	2532 Eclipse Lane	Pensacola, Florida 32514
Treasurer	Pam Tanner	2504 Eclipse Lane	Pensacola, Florida 32514

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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 contained in Chapter 119, 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]

Richard Frazee

10/19/09

850-450-0110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #