

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N97000005047**

**1. Corporation Name**

**Blackwater Property Owners Association, Inc.**

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

**5502 Blackwater Drive**

Suite, Apt. #, etc.

**3. Mailing Office Address**

**5502 Blackwater Drive**

Suite, Apt. #, etc.

**City & State**

**Lakeland, Florida**

**City & State**

**Lakeland, Florida**

**Zip**

**33810**

**Country**

**USA**

**Zip**

**33810**

**Country**

**USA**

**7. Name and Address of Current Registered Agent**

**Name**

**James R. De Furio, P.A.**

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

**201 E. Kennedy Boulevard**

**Suite, Apt. #, Etc.**

**Suite 775**

**City**

**Tampa**

**State**

**FL**

**Zip Code**

**33602**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**09/08/1997**

**5. FEI Number  
593489034**

**Applied For**

**Not Applicable**

**6. CERTIFICATE OF STATUS DESIRED ☒**

**\$8.75 Additional Fee required  
for a Certificate of Status**

☐ 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**

**REGISTERED AGENT MUST SIGN**

**Date 27 Oct 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
P/D	Robert Hatfield	5502 Blackwater Drive	Lakeland, Florida 33810
V/D	Don Brown	5609 Forest Creek Road	Lakeland, Florida 33810
S/T/D	Teresa VanDerZee	5606 Forest Creek Road	Lakeland, Florida 33810
<b>REINSTATEMENT</b>			
<b>RH</b>			

**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:**

**Robert Hatfield**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**10/27/09**

**Date**

**(813) 352-4132**

**Daytime Phone #**

**FILED**

**09 OCT 26 PM 12:50**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**700161892797  
10/19/09-01042-005 \*\*306.25**

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CR2E081 (12/08)**