

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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UBP



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL -3 PM 2:53

DOCUMENT # **N98000002069**

1. Corporation Name

TIFFANIE HEIGHTS HOMEOWNERS ASSOCIATION, INC.

2. Principal Office Address

1250 Seminole Blvd.

Suite, Apt. #, etc.

Suite 1

City & State

Largo, FL

Zip

33770

Country

Pinellas/USA

3. Mailing Office Address

1250 Seminole Blvd.

Suite, Apt. #, etc.

Suite 1

City & State

Largo, FL

Zip

33770

Country

Pinellas/USA

4. Date Incorporated or Qualified
To Do Business in Florida

7-1-1998

5. FEI Number

59-3439335

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

05-06-99 90235 024

\$61.25

7. Name and Address of Current Registered Agent

Name

Gary Brundage

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

1250 Seminole Blvd.

Suite, Apt. #, Etc.

Suite 1

City

LaRGO

State

FL

Zip Code

33770

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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

Gary Brundage
REGISTERED AGENT MUST SIGN

Date **6-29-00**

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.	Gary Brundage	1250 Seminole Blvd., Su1	Largo, FL 33770
VP	Albert LeBlanc	1250 Seminole Blvd., Su1	Largo, FL 33770
Dir	Lisa Brundage	12636 Robyn Ct.	Largo, FL 33773
Dir	John Winiecki	12619 Robyn Ct.	Largo, FL 33773
Dir	Lisa Hammond	12684 Robyn Ct.	Largo, FL 33773

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 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:

Gary Brundage
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-29-00

Date

727 585-7440

Daytime Phone #

CR2E081 (9/99)