

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
13 JUN -3 AM 11:16

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N99000001363

1. Corporation Name

SURREY FARMS PROPERTY OWNERS' ASSOCIATION, INC

W13000029533

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

10023 Surrey Farms Ln

Suite, Apt. #, etc.

3. Mailing Office Address

10023 Surrey Farms Ln

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Tallahassee FL

Zip

32309

Country

United States

Zip

32309

Country

United States

4. Date Incorporated or Qualified
To Do Business in Florida

03/04/1999

5. FEI Number

593650027

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

SONYA K. DAWS

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

~~3116 CAPITAL CIRCLE NE~~ 215 S. MONROE ST., #600

Suite, Apt. #, Etc.

~~SUITE 5~~ Suite 600

City

TALLAHASSEE

State

FL

Zip Code

32309

900247696159

06/04/13--01028--003 **61.25

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

Sonya K. Daws

REGISTERED AGENT MUST SIGN

Date

4/26/13

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
PD	ANGEL HUSBANDS	10023 SURREY FARMS LN	TALLAHASSEE, FL 32309
VP	SANDRA CARTER	10017 SURREY FARMS LN	TALLAHASSEE, FL 32309
SEC	ANESSA DUNGEY	10026 SURREY FARMS LN	TALLAHASSEE, FL 32309

JUN - 5 2013

T. CAULEY

10. E-mail Address: ANGELHUSB@AOL.COM

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

850-509-3656

Daytime Phone #