

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N99000003510

1. Corporation Name

SANDSPUR ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

RT 4 BOX 681
PERRY FL 32347

Mailing Address

RT 4 BOX 681
PERRY FL 32347

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/07/1999

5. FEI Number 59-3716996
APPLIED FOR

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	HELM, WALTER	RT 4 BOX 681	PERRY FL 32347
D	HELM, JUDY	RT 4 BOX 681	PERRY FL 32347
D	HELM, BUD	RT 4 BOX 681	PERRY FL 32347

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-12/26/01--01097--010
***236.25 ***236.25

10/2/01

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HELM, WALTER D
RT 4 BOX 681
PERRY FL 32347

Name

Walter D Helm

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

301 WEST HAMPTON SPRINGS AVE

Suite, Apt. #, Etc.

City

Perry

State

Zip Code

FL

32348

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Walter D Helm

REGISTERED AGENT MUST SIGN

Date 10-29-01

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 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:

Bud Helm

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-29-01

CR2040 (8/01)