

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 AUG 13 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

N 99000000 4226

Rio Ridge Homeowner's Assoc., Inc.

2. Principal Office Address

190 North Westmonte Dr.

Suite, Apt. #, etc.

Suite 100

City & State

Attamonte Springs FL

32714

Country

USA

3. Mailing Office Address

190 North Westmonte Drive

Suite, Apt. #, etc.

Suite 100

City & State

Attamonte Springs FL

Zip

32714

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7-21-99

5. FEI Number

59-3588336

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

Additional fee required
for Certificate of Status

7. Name and Address of Current Registered Agent

Name

Marilyn Campbell

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

190 North Westmonte Drive

Suite, Apt. #, Etc.

Suite 100

City

Attamonte Springs

State
FL

Zip Code

32714

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

Marilyn Campbell
REGISTERED AGENT MUST SIGN

Date

7.31.01

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	Anthony J. Nicholson	111 W. Robinson St.	Orlando FL 32801
SD	Sonja S. Nicholson	111 W. Robinson St.	Orlando FL 32801
TD	Derek Sutton	111 W. Robinson St.	Orlando FL 32801

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/6/2001

Daytime Phone #

CR2E081 (8/00)