

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 OCT -8 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000004585

1. Corporation Name

Thomasville Trace Homeowners' Association, Inc.

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

812 Greenbrier Lane

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

Zip

32312

Country

USA

3. Mailing Office Address

P.O. Box 13445

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

Zip

32317

Country

USA

REINSTATEMENT 02-08

4. Date Incorporated or Qualified
To Do Business in Florida

8/03/1999

5. FEI Number

59-3628095

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 **W. Frederick Thomson**

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

812 Greenbrier Lane

Suite, Apt. #, Etc.

City **Tallahassee**

State **FL**

Zip Code **32308**

☒ 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.

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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

W. Frederick Thomson

REGISTERED AGENT MUST SIGN

Date **10/3/2008**

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	W. Frederick Thomson	812 Greenbrier Lane	Tallahassee, FL 32312
SD	Elizabeth McAuliffe	819 Greenbrier Lane	Tallahassee, FL 32312
TD	Cheri Apthorp	813 Greenbrier Lane	Tallahassee, FL 32312
D	Russ Morcom	824 Greenbrier Lane	Tallahassee, FL 32312
D	Franklin Darnell	800 Greenbrier Lane	Tallahassee, FL 32312

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:

W. Frederick Thomson
W. Frederick Thomson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/3/2008
Date

850-385-7444
Daytime Phone #