

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 JUN 14 PM 3:35

RECEIVED
JUN 14 2006

DOCUMENT # N99000005688

1. Corporation Name

Baleigh Estates Homeowners' Association, Inc.

2. Principal Office Address

7138 Hawks Harbor Circle

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton, Florida

City & State

Zip
34207

Country
USA

Zip

Country

REINSTATEMENT
CR2ED81 (12/05)

04-06

4. Date Incorporated or Qualified
To Do Business in Florida 9/23/1999

5. FEI Number

59.172539

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
Earl Snyder, II

Street Address (P.O. Box Number is Not Acceptable)
7138 Hawks Harbor Circle

Suite, Apt. #, Etc.

City
Bradenton

State
FL

Zip Code
34207

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

6/2/06

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	Earl Snyder II	7138 Hawks Harbor Circle	Bradenton, FL 34207
VPD	Earl Snyder III	7138 Hawks Harbor Circle	Bradenton, FL 34207
SD	Charles Boyle	99 Nesbit Street	Punta Gorda, FL 33950

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

EARL SNYDER II

B Mitchell JUN 15 2006