

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 APR 30 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000006134

1. Corporation Name

COPPERHEAD COMMUNITY ASSOCIATION, INC.

06-08
REINSTATEMENT
REQ-1
CR2E081 (12/07)

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

4227 NORTHLAKE BLVD.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

FLORIDA

City & State

PALM BEACH GARDENS

Zip

33410

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/15/99

5. FEI Number

650986459

☐ 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

MICHELLE SIDES

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

4227 NORTHLAKE BLVD.

Suite, Apt. #, Etc.

City

PALM BEACH GARDENS

State

FL

Zip Code

33410

☐ 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.

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 4-30-08

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
<u>PRES</u>	<u>RANDY MCCLURG</u>	<u>18401 COPPERHEAD DRIVE</u>	<u>FT. MYERS, FL 33913</u>
<u>VICE PRES</u>	<u>BLAKE EVANS</u>	<u>18401 COPPERHEAD DRIVE</u>	<u>FT. MYERS, FL 33913</u>
<u>SEC TREAS</u>	<u>MIKE GRIFFIN</u>	<u>4227 NORTHLAKE BLVD.</u>	<u>P.B. GARDENS, FL 33410</u>

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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 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]

MICHAEL GRIFFIN

4/29/08 (561)248-1797

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #