

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

02 OCT 31 PM 5:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P95000035510**

**1. Corporation Name**

Tarawood of Floral City, Inc.

**REINSTATEMENT** 02

700008726177  
10/31/02--01051--019 \*\*755.00

**2. Principal Office Address**

10400 Drew Bryant Drive

**3. Mailing Office Address**

10400 Drew Bryant Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

Floral City, FL

**City & State**

Floral City, FL

**Zip**

34436

**Country**

Citrus

**Zip**

34436

**Country**

Citrus

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**  
59-331855

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**

Uhlinger, James D., Sr.

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

10400 Drew Bryant Drive

**Suite, Apt. #, Etc.**

**City**

Floral City

**State**  
FL

**Zip Code**

34436

**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

*James D. Uhlinger Sr.*  
REGISTERED AGENT MUST SIGN

Date

10/10/02

**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
Pres.	Uhlinger, James D., Sr.	10400 Drew Bryant Drive	Floral City, FL 34436
Secr.	Uhlinger, James D., Sr.	10400 Drew Bryant Drive	Floral City, FL 34436
Treas.	Uhlinger, James D., Sr.	10400 Drew Bryant Drive	Floral City, FL 34436

**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:**

*James D. Uhlinger Sr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/10/02

352-637-2020

Daytime Phone #

CR2E081 (9/01)

gs 11/7/02