

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -4 PM 3:55

CLERK OF COURT
TALLAHASSEE, FLORIDA

DOCUMENT # P96000025934

1. Corporation Name

NEILLRIDGE HOMES INCORPORATED

2. Principal Office Address

711 Palos Way

Suite, Apt. #, etc.

City & State

Longwood, FL

Zip

32750

Country

USA

3. Mailing Office Address

711 Palos Way

Suite, Apt. #, etc.

City & State

Longwood FL

Zip

32750

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3-18-96

5. FEI Number

59-3374895

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

700029870827
03/04/04--01021--017 **300.00

7. Name and Address of Current Registered Agent

Name

Elizabeth A. O'Neill

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

711 Palos Way

Suite, Apt. #, Etc.

City

Longwood

State

FL

Zip Code

32750

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

Elizabeth A. O'Neill

Date

2-26-04

REGISTERED AGENT MUST SIGN

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
OWNER	Elizabeth O'Neill	711 Palos Way	Longwood FL 32750

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)(f), 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:

Elizabeth A. O'Neill

Elizabeth O'Neill

2-26-04

407-830-7432

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E01 (01/04)