

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 25 PH 4:23

DOCUMENT # P98000025020

1. Corporation Name

IRONWOOD HOMES OF HOMOSASSA, INC.

Principal Place of Business

1325 SOUTH SUNCOAST BLVD
HOMOSASSA FL 34448

Mailing Address

1325 SOUTH SUNCOAST BLVD
HOMOSASSA FL 34448



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

03/17/1998

Suite, Apt. #, etc.

585 S. Suncost Blvd.

Suite, Apt. #, etc.

585 S. Suncost Blvd.

City & State

HOMOSASSA FL

City & State

HOMOSASSA FL

Zip

34448

Country

USA

Zip

34448

Country

USA

5. FEI Number

59-3822826

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PD/S	FRIER, MATTHEW WAYNE	12788 US 90 WEST	LIVE OAK FL 32060
VD	FRIER, WAYNE	12788 US 90 WEST	LIVE OAK FL 32060
TD	FRIER, TODD DANIEL	12788 US 90 WEST	LIVE OAK FL 32060
S	ERICKSON, BRAD	1485 SUNCOAST BLVD	LIVE OAK FL 32060
M	CHRISTOPHER NELSON	585 S. Suncost Blvd	HOMOSASSA FL 34448

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HALEY, WILLIAM J
10 NORTH COLUMBIA STREET
LAKE CITY FL 32055

Name

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

Suite, Apt. #, Etc.

City

900003033239--0

-11/02/99--01108--011

***150.00

***150.00

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Date

REGISTERED AGENT MUST SIGN

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

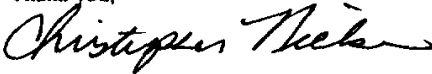
Daytime Phone #

October, 15, 1990

Department of State

I am writing this letter to request reinstatement for Ironwood Homes of Homosassa. I am terribly sorry, but we never received the paperwork to file in the first place, so enclosed is the correct form and a check for \$150.00. Please reinstate us as soon as possible. Your cooperation in this matter will greatly be appreciated.

Thank you,



Christopher P. Nielsen
General Manager
Ironwood Homes of Homosassa