

APPLICATION  
FOR

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM  
FLORIDA DEPARTMENT OF STATE  
Jim Smith



0000004399

FILED

02 DEC -2 AM 9: 52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT *OR*

1. Corporation Name  
**THE PADDOCKS OF MILLWOOD HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business  
11851 W. HIGHWAY 326  
OCALA FL 34482

Mailing Address  
11851 W. HIGHWAY 326  
OCALA FL 34482

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/30/2000

5. FEI Number

59-3637958

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
<del>PD</del>	<del>MARINO, FRAN</del>	<del>11851 W. HIGHWAY 326</del>	<del>OCALA FL 34482</del>
\$TD	FARRELL, STEVE	11851 W. HIGHWAY 326	OCALA FL 34482
<del>SD</del>	<del>GRAY, STEPHEN H</del>	<del>125 N.E. 1ST AVENUE #1</del>	<del>OCALA FL 34478</del>
PD	DENNIS J. HAAG	15964 NW 10TH CIRCLE	CITRA FL 32113
SD	NANCY ROBERTS	NW 10TH CIRCLE	CITRA FL 32113
VD	RAFAEL VALLE	12190 NE 8 AVE	OCALA FL 34479

8. Name and Address of Current Registered Agent

MARINO, FRAN  
11851 W. HIGHWAY 326  
OCALA FL 34482

9. Name and Address of New Registered Agent

Name  
DENNIS J. HAAG  
Street Address (P.O. Box Number is Not Acceptable)  
15964 NW 10TH CIRCLE  
Suite, Apt. #, Etc.  
City  
CITRA  
State  
FL  
Zip Code  
32113

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. or 617.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/6/2002

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 #

10/6/2002 352-690-7181