

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV 20 AM 11:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2002-2003

DOCUMENT # 724428

1. Corporation Name

Highridge Civic Association,  
INC.

11/18/03--01079--006 \*\*306.25

2. Principal Office Address

323 Hermitage Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

323 Hermitage Dr.

Suite, Apt. #, etc.

REINSTATEMENT 02-03

City & State

Altamonte Springs, FL

Zip

32701

Country

USA

City & State

Altamonte Springs, FL

Zip

32701

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

9/26/72

5. FEI Number

237337140

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

STEPHEN B. STROUP

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

323 HERMITAGE DR.

Suite, Apt. #, Etc.

City

Altamonte Springs

State

FL

Zip Code

32701

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

See Attached for Signature Date 11-17-03

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
P	STEPHEN B. STROUP	323 Hermitage Dr.	Altamonte Springs, FL 32701
VP	WALTER STEEB	317 Monticello Dr.	Altamonte Springs, FL 32701
S	MARYANN STEEB	317 Monticello Dr.	Altamonte Springs, FL 32701
T	GAYLE STROUP	323 Hermitage Dr.	Altamonte Springs, FL 32701
D	SCOTT WALTER	814 Point Pleasant Pl.	Altamonte Springs, FL 32701
D	GOLDIE NOLTE	319 Westchester Dr.	Altamonte Springs, FL 32701

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:

STEPHEN B. STROUP  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-17-03  
Date

407-831-9982  
Daytime Phone #

CR2E081 (10/02)

Highridge Civic Association, Inc

ADDITIONAL DIRECTORS

D ROBERT POOR 810 LINDENWALD LN  
ALTAMONTE SPRINGS, FL  
32701

CERTIFICATE OF REINCORPORATION

FOR RA Signature Only.

Pursuant to s. 617.0901, Florida Statutes, this certificate of reincorporation was duly authorized by a meeting of its members regularly called or by a meeting of its board of directors if there were no members entitled to vote on the reincorporation:

ARTICLE I NAME

The name of the corporation shall be:

HighRIDGE CIVIC ASSOCIATION, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and the mailing address of this corporation shall be:

323 HERMITAGE DR.
ALTAMONTE SPRINGS, FL 32701

ARTICLE III PURPOSE

The specific purpose for which the corporation is organized:

PROMOTION OF IMPROVEMENT and other activities as may be deemed beneficial to the community known as Highridge Subdivision Altamonte Springs, FL

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

ANNUAL MEETING

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

ARTICLE VI INCORPORATOR

The name and address of the Incorporator is:

STEPHEN STROUP
323 Hermitage DR.
Altamonte SPRINGS, FL 32701

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

[Handwritten Signature]
Signature/Registered Agent

11-17-03
Date

Signature/Incorporator

Date