

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**DOCUMENT # N01000006347**

**1. Corporation Name**

**WILD HERON PROPERTY OWNERS ASSOCIATION, INC.**

**2. Principal Office Address**

**1436 Wild Heron Way**

Suite, Apt. #, etc.

City & State

**Panama City Beach, FL**

Zip

**32413**

Country

**USA**

**3. Mailing Office Address**

**1436 Wild Heron Way**

Suite, Apt. #, etc.

City & State

**Panama City Beach, FL**

Zip

**32413**

Country

**USA**

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

**09/06/2001**

**5. FEI Number**

**62-1872659**

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

**J. Robert Hughes, Esq.**

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

**220 McKenzie Avenue**

Suite, Apt. #, Etc.

City

**Panama City**

State

**FL**

Zip Code

**32401**

**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

*J. Robert Hughes*

REGISTERED AGENT MUST SIGN

Date **11/22/02**

**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
D	Blaxter III, H. Vaughan	1900 Grant Bldg.	Pittsburgh, PA 15219
D	Svorcek, John A.	1900 Grant Bldg.	Pittsburgh, PA 15219
D	Walsh, Peter	1070 E. Indiantown Rd, Ste. 208	Jupiter, FL 33477
D	Head Jr., David	18300 Scenic Hwy. 98, Ste. B	Point Clear, AL 36564
D	Weed, Frank	1070 E. Indiantown Rd., Ste. 208	Jupiter, FL 33477

**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:**

*H. Vaughan Blaxter III*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11-20-02**

Date

**850-249-1516**

Daytime Phone #

CR2E081 (9/01)