

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUN -3 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NO1000007589**

1. Corporation Name

**Heron House Condominium
Association, Inc.**

2. Principal Office Address

620 NE 28 Street

Suite, Apt. #, etc.

#210

City & State

Wilton Manors, FL

Zip

33334

Country

USA

3. Mailing Office Address

620 NE 28 Street

Suite, Apt. #, etc.

#210

City & State

Wilton Manors, FL

Zip

33334

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

Oct 10, 2001

5. FEI Number

65-1147617

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

VERNON Strickland

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

620 NE 28 Street

Suite, Apt. #, Etc.

#101

City

Wilton Manors

State

FL

Zip Code

33334

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

[Signature]

Date

May 23, 2003

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/D	VERNON Strickland	620 NE 28 St #101	Wilton Manors, FL 33334
V/D	Betty Hakeusa	620 NE 28 St #105	Wilton Manors, FL 33334
T/D	Robert Wilson	620 NE 28 St #206	Wilton Manors, FL 33334
S/D	Patti Soay-Mackey	620 NE 28 St #208	Wilton Manors, FL 33334
D	Rebecca Rosado	620 NE 28 St #201	Wilton Manors, FL 33334

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:

[Signature] **VERNON Strickland**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

May 23, 2003

Daytime Phone #

954-610

3310

CR2081 (10/02)

21/4


VERNON L. STRICKLAND III
ATTORNEY AT LAW

WASHINGTON, D.C.
MARYLAND
FLORIDA

(954) 360-4915

The annual reporting
form (UBK) was not
received.

Your records when we
called showed that the
postal service had
returned it as undeliverable.


VERNON Strickland
Heron House Assoc
President