

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 APR 20 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **N95000001207**

1. Corporation Name

EAGLE HEIGHTS HOME OWNERS ASSOCIATION, INC.

Handwritten initials

REINSTATEMENT 00-01

2. Principal Office Address

158 Brad Circle

Suite, Apt. #, etc.

City & State

Winter Haven, FL

Zip

33880

Country

USA

3. Mailing Office Address

158 Brad Circle

Suite, Apt. #, etc.

City & State

Winter Haven, FL

Zip

33880

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3371400

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

Angela Mitchell

C00004287176

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

158 Brad Circle

05/22/01-01051-011
****297.50 ****297.50

Suite, Apt. #, Etc.

City

Winter Haven,

State
FL

Zip Code

33880

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

Angela N. Mitchell
REGISTERED AGENT MUST SIGN

Date 04/12/2001

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	Angela Mitchell	158 Brad Circle	Winter Haven, FL 33880
V/D	Dan Arnold	104 Brad Circle	Winter Haven, FL 33880
T/D	Ella Rice	136 Brad Circle	Winter Haven, FL 33880
S/D	Jerome Rice	136 Brad Circle	Winter Haven, FL 33880

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: *Angela N. Mitchell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANGELA MITCHELL, President 04/12/2001
Date

(863)
293-1121
Ext. 7319
Daytime Phone #

CR2E081 (9/00)