PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 NOV -6 PM 4:16

DOCUMENT # N95000002014

1. Corporation Name

HIGHLAND LAKES ESTATES HOMEOWNERS'Association Inc.

REINSTATEMENT

2. Principal Office Address	**3.** Mailing Office Address
1510 N. Broadway	1510 N. Broadway
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bartow, Florida	City & State: Bartow, Florida
Zip: 33830 Country: Polk	Zip: 33830 Country: Polk

4. Date Incorporated or Qualified To Do Business in Florida: April -27, 1995

5. FEI Number: 59-3101191 — 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: Thomas Saunders

600003474776--0
-11/27/00--01001--013
****297.50 ****297.50

Street Address (P.O. Box Number is Not Acceptable): 385 S. Central Ave.

Suite, Apt. #, Etc.:

City: Bartow, State: FL Zip Code: 33830

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 _____ Date 10-19-00

REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
Pres	Dennis Albritton	1730 Bosarge	Bartow, Fl 33830
Sec.	Jackie Braswell	2200 Barber Dr.	Bartow, Fl. 33830
Tres.	Nell Nelson	1675 Varner Ct.	Bartow, Fl. 33830
Dir	Steve Rittall	1700 Varner Ct.	Bartow, Fl. 33830
Dir	Glenn Harrison	1660 Varner Ct.	Bartow, Fl. 33830
Dir	Nancy Craig	1770 Bosarge	Bartow, Fl. 33830

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: _____ DENNIS W. ALBRITTON 6 Oct 00 863-533-1167

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #