

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 DEC -2 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 748109

1. Corporation Name

HALIFAX VILLAS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

144 SOUTH HALIFAX AVENUE
DAYTONA BEACH FL 32118

144 SOUTH HALIFAX AVENUE
DAYTONA BEACH FL 32118

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT 99

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date incorporated or Qualified To Do Business in Florida

07/18/1979

Suite, Apt #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1936674

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$375 A Additional Fee is required for a certificate of Status.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	HEDDINGER, MARY JEAN	144 S. HALIFAX #17	DAYTONA BCH FL 32118
VPD	BENDER, STAN	144 S HALIFAX #42	DAYTONA BCH FL
DI PD	VOSSLER, LINDA	144 S HALIFAX #54	DAYTONA BCH FL 32118
DT	HAYDEN, IRENE C.L. MATHER	144 S HALIFAX #48 64	DAYTONA BCH, FL-00000 32118
D	JUDY BAUM CLAIRE MILLAIRE	144 S. HALIFAX #50 60	DAYTONA BCH FL 32118

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HEDDINGER, MARY JEAN
144 S. HALIFAX #17
DAYTONA BCH. FL 32118

Name
LINDA L. VOSSLER
Street Address (P.O. Box Number is Not Acceptable)
#54 144 S. HALIFAX AVE
Suite, Apt. #, Etc.
City DAYTONA BEACH State FL Zip Code FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Linda L. Vossler
REGISTERED AGENT MUST SIGN

Date 10/26/99

11. 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: Linda L. Vossler L. VOSSLER 10/26/99 2544164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KE

CROSSBAR (8098)