

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.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 99

4. Date Incorporated or Qualified
To Do Business in Florida

07/18/1979

5. FEI Number

59-1936674

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 A Additional Fee 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
+	HEDDINGER, MARY JEAN	144 S. HALIFAX #17	DAYTONA BCH FL 32118
VP	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 #18 64	DAYTONA BCH, FL-00000 32118
D	JUDY BAUM CLAIRE MILLAIRE	144 S. HALIFAX #50 60	DAYTONA BCH FL 32118
6000003069636--7 -12/14/99--01083--003 ***236.25 ***236.25			

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 807.0505, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L. VOSSLER
Date **10/26/99**

2544164
Daytime Phone #

KE

CR02040 (5/99)