

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT 28 AM 10:38

DOCUMENT # **419283**

1. Corporation Name

**HIGHLAND VIEW MOTORS, INC.**

Principal Place of Business

Mailing Address

603 HIGHWAY 98  
HIGHLAND VIEW  
PORT ST. JOE FL 32456-2751

603 HIGHWAY 98  
HIGHLAND VIEW  
PORT ST. JOE FL 32456-2751

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

4. Date Incorporated or Qualified  
To Do Business in Florida

02/19/1973

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1496816

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	ROBERSON, W H	210 BAYVIEW DRIVE	PORT ST JOE, FL 00000
DS	ROBERSON, C M	210 BAYVIEW DRIVE	PORT ST JOE, FL 00000
D	ROBERSON, R C	1904 MONUMENT AVE.	PORT ST. JOE FL

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-11/04/99--01088--013

\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COSTIN, CHARLES A  
413 WILLIAMS AVENUE  
PORT ST. JOE FL 32456

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

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.

AD

SIGNATURE: Walter H. Roberson Walter H. Roberson 10-26-99 850-229-6637  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR02040 (8-99)