

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

1982--2017

17 AUG -1 AM 9:38

DOCUMENT # 700526

1. Corporation Name

Michigan Heights Association, Inc.

2. Principal Office Address - No P.O. Box #

181 Joseph Drive

Suite, Apt #, etc.

City & State

Edgewater, FL

Zip

32141

Country

U.S.A.

3. Mailing Office Address

181 Joseph Drive

Suite, Apt #, etc.

City & State

Edgewater, FL

Zip

32141

Country

U.S.A.

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
February 25, 1060

5. FET Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED
NO

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Joshua C. Wells

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

340 N. Causeway

Suite, Apt #, Etc.

City

New Smyrna Beach, FL

State

FL

Zip Code

32169

100302031281
08/01/17--01032--001 **\$380.00

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

REGISTERED AGENT MUST SIGN

Date 7/21/2017

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	Don Snell	161 Joseph Street	Edgewater, FL 32141
VP	Charles Schell	125 Alice Street	Edgewater, FL 32141
ST	Colin Williams	181 Joseph Street	Edgewater, FL 32141

10. E-mail Address: coruwill@yahoo.com

(To be used for future annual report notification)

11. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 7-27-17

386-428-3311

Daytime Phone #