

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 OCT 30 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **703413**

1. Corporation Name

SEBRING HILLS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

200 LARK AVE.
SEBRING FL 33872

200 LARK AVE.
SEBRING FL 33872



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

01/05/1962

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1004946

Applied For

Not Applicable

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
P	DEMERI, CY	221 RAIL AVE	SEBRING FL 33872
VP	MEZZA, PETE	233 SWALLOW AVE	SEBRING FL 33872
S	CRICLOW, SUE MARY JANE SPURRIER	310 QUAIL AVE 239 QUAIL AVE	SEBRING FL 33872
T	GRAUER, JOHN H GARY ABDALLA	113 ROBIN AVE 223 SPARROW AVE	SEBRING FL 33872
D	ROBINSON, STANLEY FINN FREDERICK	211 ROBIN AVENUE 308 QUAIL AVE	SEBRING FL
D	DIGGLE, ROBERT DEAN HAYMAKER	2716 WHATLEY BLVD 403 S. EGRET ST.	SEBRING FL 33872

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~GRAUER, JOHN H~~
113 ROBIN AVE
SEBRING FL 33872

GARY ABDALLA
223 SPARROW AVE
SEBRING FL 33872

Name
GARY ABDALLA

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

Suite, Apt. #, Etc.

City
SEBRING

State
FL

Zip Code
33872

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

Gary Abdalla
REGISTERED AGENT MUST SIGN

Date

10/26/00

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)(f), 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:

Gary Abdalla
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/00

Date

863-382-4111

Daytime Phone #

CR2E040 (8/00)