

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # 727573

1. Corporation Name

HIGH PINES PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5900 SW 73rd St. Suite 300  
South Miami, FL 33143

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

4. Date Incorporated or Qualified To Do Business in Florida

9/28/73

5. FEI Number

23-7354708

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
President	David N. Smith D	5900 SW 73rd St. Suite 300	South Miami, FL 33143
Vice President	Robert Hartley D	5101 SW 74 Terrace	Miami FL 33143
Secretary	Keith Deane D	7525 SW 54 Court	Miami FL 33143

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

David N. Smith 5900 SW 73 Street Suite 300 South Miami, FL 33143	Name	Street Address (P.O. Box Number is Not Acceptable)	Suite, Apt. #, Etc.	City	State	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

*David N. Smith*

REGISTERED AGENT MUST SIGN

Date 10/5/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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:

*David N. Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/5/99  
Date

(305) 666-9411  
Daytime Phone #

CR2E081 (12/98)

(2)

High Pines Property Owner's Association, Inc.  
5900 SW 73<sup>rd</sup> Street, Suite 300  
So. Miami, Florida 33143  
Telephone: (305)666-9411 Fax (305)513-5888

September 29, 1999

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Application for Reinstatement  
High Pines Property Owners Association, Inc.  
FEI - 23-7354708

Dear Sir or Madam:

Enclosed please find an Application for Reinstatement and our check in the amount of \$300. I did not receive the renewal applications for 1998 or 1999. At the end of January this year I moved my office and did not receive the notices that were mailed out.

My secretary called your office and was told that the 2<sup>nd</sup> notice was returned to you, indicating it was never delivered. She was further told to complete the application and send in a check for \$300 instead of the usual \$900.

If you have any questions please give me a call.

Sincerely,



David N. Smith