PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

# APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1996 NOV 27 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 757667

1. Corporation Name

**HIDDEN VILLAGE HOMEOWNERS ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 3035 66TH AVENUE N #15<br>#106<br>ST. PETERSBURG FL 33702-3220<br>US | 3035 66TH AVENUE N #15<br>#106<br>ST. PETERSBURG FL 33702-3220<br>US |

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

**REINSTATEMENT** ~~ANNUAL REPORT~~

| 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: 04/21/1981

5. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers) 3 | City / State / Zip 4 |
|---|---|---|---|
| VPD | MYERS, NORMA | 3035 66TH AVE. N. #62 | ST. PETERSBURG FL |
| VPD | MYERS, NORMA | 3035 66TH AVE. N. #16 | ST. PETERSBURG FL |
| STD | MACCORMACK, ELSIE N. | 3035 66TH AVE N. #104 | ST. PETERSBURG FL |
| P ☐ | CONLON, RAY | 3035 66TH AVE N. #14 | 400000201737A--2<br>-12/03/96--01022--020<br>****245.00 |
| V PD | JAY HOLDEN | 3035 66TH AVE N. #116 | " " |
| ST D | IRENE ALLISON | 3035 66TH AVE N. #114 | " " |

8. Name and Address of Current Registered Agent

RICHARDSON, EUNICE
3035 66TH AVE. N. #106
ST. PETERSBURG FL 33702

9. Name and Address of New Registered Agent

Name: RAY CONLON
Street Address (P.O. Box Number is Not Acceptable): 3035 66TH AVE N. #14
Suite, Apt. #, Etc.:
City: ST PETERSBURG State: FL Zip Code: 33702

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: SIGNATURE REQUIRED — Date: 11-27-96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: SIGNATURE REQUIRED — 11-27-96 — 803-525-6398
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E084 (1/96) AP