

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 JUL 28 PM 4:46
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 763705

1. Corporation Name

Valley View Villas Homeowners Association, Inc.

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

1260 Spring Lake Drive

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Fruitland Park, FL

City & State

Zip

34731

Country

Lake

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
06/16/1982

5. FEI Number

☒

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Joe E. Hill

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

1260 Spring Lake Drive

Suite, Apt. #, etc.

City

Fruitland Park

State

FL

Zip Code

34731

700275511867
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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

Joe E. Hill

REGISTERED AGENT MUST SIGN

Date

7/22/15

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/D	Joe E. Hill	1260 Spring Lake Drive	Fruitland Park, FL 34731
ST/D	Wylie E. Hill	1260 Spring Lake Drive	Fruitland Park, FL 34731
REINSTATEMENT			
JUL 28 2015			
R. HUNT			

10. E-mail Address: JEHILLCON@aol.com gmail.com

(To be used for future annual report notification)

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., 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:

Joe E. Hill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

357-728-5075

Date

7/22/15

Daytime Phone #