

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 24 PM 7:26

DOCUMENT # N00000007660

1. Corporation Name

HILLSBORO RANCHES CIVIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O NORMAN YACOPINO  
4280 N.W. 74TH STREET  
POMPANO BEACH FL 33073

C/O NORMAN YACOPINO  
4280 N.W. 74TH STREET  
POMPANO BEACH FL 33073

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

11/16/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1136259

Applied For

Not Applicable

City & State

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PRES	NORMAN YACOPINO	4280 NW 74 ST.	POMP. BEACH FLA. 33073
V.P	DWAYNE SMITH	4300 NW 74 ST	POMP. BEACH FL 33073
SEC	MARY JANE YACOPINO	4280 NW 74 ST	POMP. BEACH, FL 33073
TREAS	MARY JANE YACOPINO		

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

YACOPINO, NORMAN  
4280 N.W. 74TH STREET  
POMPANO BEACH FL 33073

Name

SAME

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

REGISTERED AGENT MUST SIGN

Date

10/18/01

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/18/01 954-6050221

CR0040 (8/01)

**HILLSBORO RANCHES CIVIC ASSOCIATION**

Phone 1-954-725-9659  
Fax 1-954-419-9699

October 21, 2001

TO WHOM IT MAY CONCERN;

I WOULD LIKE TO LET YOU KNOW THAT WE NEVER RECIEVED ANY FORMS TO BE FILL OUT  
ABOUT N00000007660 DOCUMENT ON HILLSBORO RANCHES CIVIC ASSOCIATION. PLEASE DO NOT  
DISSOLVE THIS CORPORATION DUE TO A MAILING PROBLEM.

THANK YOU,

  
NORMAN YACOPINO