

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000003985**

1. Corporation Name

HIGHLANDS COUNTY CHAPTER OF ASI, INC.

Principal Place of Business

Mailing Address

1117 US 27 SOUTH
SEBRING FL 33870

1117 US 27 SOUTH
SEBRING FL 33870



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

REINSTATEMENT **63**

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/07/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0455055

Applied For

City & State

City & State

Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	WALZ, DOUG	1115 NE LAKEVIEW DRIVE	SEBRING FL 33870
VSD	SAGER, BILL	1545 WEST POINSETTIA DRIVE	AVON PARK FL 33825
TD	HILTON, FORREST	2170 WEST BORDER ROAD	AVON PARK FL 33825
D	BROWN, GEORGE	2711 POMELO AVENUE N	AVON PARK FL 33825

900023983799
10/21/03--01127--017 **236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WALZ, DOUG
1117 US 27 SOUTH
SEBRING FL 33870

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/16/03

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/03

Date

863-382-2282

Daytime Phone #

CR2E040 (7/03)