PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
15 DEC 17 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

DOCUMENT # N03410

1. Corporation Name

HIGHLANDS GLEN ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
221 Highlands Glen Cir	217 Highlands Glen Cir
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Springs, FL	City & State: Winter Springs, FL
Zip: 32708 Country: USA	Zip: 32708 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 06/04/1984

5. FEI Number: 00-0000000 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED: Yes — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Lauren Johnson, Secretary

Street Address (P.O. Box Number is Not Acceptable): 217 Highlands Glen Cir

Suite, Apt. #, Etc.:

City: Winter Springs State: FL Zip Code: 32708

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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: _____ Date: 12-14-2015
REGISTERED AGENT MUST SIGN

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	James Padel	206 Highlands Glen Cir.	Winter Springs, FL 32708
V	Cecilia Medina	226 Highlands Glen Cir.	Winter Springs, FL 32708
T	Thomas Bankes	221 Highlands Glen Cir.	Winter Springs, FL 32708
D	Jim Zymowski	222 Highlands Glen Cir.	Winter Springs, FL 32708
S	Lauren Johnson	217 Highlands Glen Cir.	Winter Springs, FL 32708

10. **E-mail Address:** highlandsglenhoa@outlook.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: _____ 12-14-2015 407 221 1723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #