PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

00 02 UBR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAR 15 PM 12:32

DOCUMENT # N05841

1. Corporation Name

HIGHLANDS COUNTY VOITURE 863 40/8, INC.

Principal Place of Business	Mailing Address
~~501 NO. MAIN ST.~~	~~501 NO. MAIN ST.~~
~~P. O. BOX 721~~	~~P. O. BOX 721~~
~~LAKE PLACID FL 33852~~	~~LAKE PLACID FL 33852~~

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

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-03/29/02--01016--003
****122.50 ****122.50

5/4/00 90129/010 61.25

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc. 1620 OAK AVE.	Suite, Apt. #, etc. 1620 OAK AVE.
City & State LAKE PLACID, FL.	City & State LAKE PLACID, FL.
Zip 33852 Country USA	Zip 33852 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/25/1984

5. FEI Number: 59-6150015 ☐ Applied For ☐ Not Applicable

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	~~ROBERT ROBINSON~~	~~413 DARTER ST NW~~	~~LAKE PLACID FL 33852~~
SD	~~DIONNE, EDWARD J~~	~~501 N MAIN ST~~	~~LAKE PLACID FL 33852~~
TD	~~SMITH, GEORGE~~	~~3116 DEVON CT~~	~~SEBRING FL 33870~~
PD	WILLIAM MARSH	1620 OAK AVE.	LAKE PLACID, FL. 33852
SD	ROBERT UPSHAW	109 LOQUAT Rd. NW	LAKE PLACID, FL. 33852
TD	JACK DEVANE	129 FOREVER AVE.	LAKE PLACID, FL. 33852

8. Name and Address of Current Registered Agent

~~DIONNE, EDWARD J.~~
~~501 NO. MAIN ST.~~
~~LAKE PLACID FL 33852~~

9. Name and Address of New Registered Agent

Name: JACK E. DEVANE JR.
Street Address (P.O. Box Number is Not Acceptable): 129 FOREVER AVE
Suite, Apt. #, Etc.:
City: LAKE PLACID State: FL Zip Code: 33852

CR2E040 (8/00)

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: Jack E. DeVane Jr. Date: 2/20/02
REGISTERED AGENT MUST SIGN

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: JACK E. DEVANE JR. Jack E. DeVane Jr. 2/20/02 863-465-7689
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Feb. 20, 02

2002

I Spoke to your office and explained that we mailed $61.25 to your department in April, 2000 but never received your MAY 12 MAILing for changes to be made. Our registered agent, whos address is ALSO our MAILing address, PASSed away and his wife gave us the inclosed form almost a YEAR LATER. The person I Spoke with at your dept. advised me to MAKE the changes And MAIL $61.25. I hope this will Resolve the SITUATION.

Sincerly

Jack DeVane