

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 JAN 18 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07126

1. Corporation Name

HOLIDAY VILLAGE RESIDENTS ASSOCIATION INC.

800086194988
01/25/07--01009--031 **61.25

2. Principal Office Address

1000 SW 27TH AVE.

3. Mailing Office Address

1000 S.W. 27TH AVE

Suite, Apt. #, etc.

LOT # 116

Suite, Apt. #, etc.

LOT# 116

City & State

VERO BEACH FL.

City & State

VERO BEACH FL.

Zip

32968

Country

USA

Zip

32968

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 1/15/03

5. FFL Number

65-0047817

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

THOMAS ENGLEHART

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

1000 SW 27TH AVE.

Suite, Apt. #, Etc.

LOT 116

City

VERO BEACH

State

FL

32968

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

Thomas Englehart

Date

12/18/06

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
PRES	PAT HINRICH	1000 SW 27TH AVE # 85	VERO BEACH FL. 32968
V.PRES	ANITA LEWIS	1000 SW 27TH AVE # 91	VERO BEACH FL. 32968
TREAS	TOM ENGLEHART	1000 SW 27TH AVE # 116	VERO BEACH FL. 32968
SEC	ELEANOR RYAN	1000 SW 27TH AVE #83	VERO BEACH FL. 32968
DIR	REAVELL SMITH	1000 SW 27TH AVE #68	VERO BEACH FL. 32968
DIR	DON DEHULLA	1000 SW 27TH AVE #54	VERO BEACH FL. 32968

10. 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 contained in Chapter 119, 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:

Tom Englehart

TOM ENGLEHART 12/18/06

772/562-3556

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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