

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

APPLICATION
FOR *97-98*
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

98 APR 10 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N09815

1. Corporation Name

WILLISTON HIGHLANDS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

15116 NE Third Place
Williston, Fl 32696

15116 NE Third Place
Williston, Fl 32696

REINSTATEMENT 97-98

A. Alan
4/10/98

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

06/18/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-2881472

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	Warren P. Lehman	15116 NE Third Place	Williston, Fl 32696
STD	Phyllis M. Lehman	15116 NE Third Place	Williston, Fl 32696
D	Royal French	280 Country Club Dr.	Williston, Fl 32696
VPD	Mary Robbins	196 E. Country Club Dr.	Williston, Fl 32696
D	Donald Lintjer	560 E. Country Club Dr.	Williston, Fl 32696

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Keith, Claire E
15148 NE Third Place
Williston, Fl 32696

Name

Phyllis M. Lehman

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

15116 NE Third Place

Suite, Apt. #, Etc.

City

Williston

State

FL

Zip Code

32696

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

Phyllis M. Lehman

REGISTERED AGENT MUST SIGN

Date April 8, 1998

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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:

Warren P. Lehman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Warren P. Lehman PRES

352-528-3384

Date Daytime Phone #

April 8, 1998

CR20040 (1/98)