	PLEASE READ	ALL INST	RUCTIONS	BEFORE C	OMPLETII	NG THIS FOF	RM.	
	PLICATION FOR STATEMENT	A DEPARTMENT OF STATE Sandra B. Mortham Secretary of State Vision of Corporations		FILED				
DOCUMENT #N13359 1. Corporation Name W98-				-5209	98 MAR 1.9 PM 12: 34 SECHEDAL / OF STATE TALLAHASSEE, FLORIDA			
Villas of Hyde Park Condo. Assoc., Inc. 4 Principal Place of Business Mailing Address								
* J & R Property Management Services, Inc. 4411 W. Pearl Avenue Tampa, FL 33611 If above addresses are incorrect in any way, line through incorrect information and enter correction below.					000002467300 6 -03/24/9801107014 ****603.75 ****603.75			
			ng Office Address, If Applicable		Date Incorpor To Do Busine	rated or Qualified		
Suite, Apt. #, etc. Suite, Apt. #			etc.		1988			
City & State City & St.					5. FEI Number Applied For S9 – 2660707 Not Applicable			
Zip	Country	Zip	Country	y	6. CERTIFICATE	OF STATUS DESIRED 🔲	\$8.75 Additional Fee required for a Certificate of Status	
7. Names a	and Street Addresses of Each Officer and/	or Director (Flor	ida nonprofit corpora	tions must list at lea	st 3 directors)			
Title(s)	and/or Directors Off			eet Address of Each icer and/or Director se Post Office Box N	ſ	4 City	/ State / Zip	
.	Carl Ohall 506 S. Will				t. #14	Tampa, F	L 33602	
DS	Lizette Lopatic		506 S.	Willow S	t. #11	Tampa, F	L 33602	
D	Robert Rupp	7805 Professional Place Tar			Tampa, F	L 33637		
							N.	
			RE	NSTAT	EMEN		8	
				,		31	3-20-98	
Name and Address of Current Registered Agent Name					9. Name and Ad	Idress of New Register	ed Agent	
Joyce A. Pfeiffer Street Address (P.					O. Box Number is	Not Acceptable)		
4411 W. Pearl Avenue				Suite, Apt. #, Etc.				
Tampa, FL 33611								
City					[FL]			
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								
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No O (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 filling 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 owild 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 his application is true and accurate, and my signature shall have the same legal effect as if made under oath.								
SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #								