

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # *N23482*

1. Corporation Name

Boat Heel Property Owner's Association, Inc.

Principal Place of Business

Mailing Address

*109 Huntley Dr.
Lake Placid, FL
33852*

Same

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

2. New Principal Office Address, If Applicable

N/A

3. New Mailing Office Address, If Applicable

N/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

SP

5. FEI Number

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$875 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
<i>PD</i>	<i>Gillie C. Russell</i>	<i>109 Huntley Dr.</i>	<i>Lake Placid, FL 33852</i>
<i>VD</i>	<i>Wm. R. Cannon</i>	<i>109 Huntley Dr.</i>	<i>Lake Placid, FL 33852</i>
<i>STD</i>	<i>Melissa P. Russell</i>	<i>109 Huntley Dr.</i>	<i>Lake Placid, FL 33852</i>

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******665.00 *****665.00*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Gillie C. Russell
109 Huntley Dr.
Lake Placid, FL 33852

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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

Gillie C. Russell

REGISTERED AGENT MUST SIGN

Date *1/12/2000*

11. This corporation owes 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:

Gillie C. Russell (*Gillie C. Russell*)

Date

Daytime Phone #

1/12/2000 863/465-2821

CR2E081 (12/98)