

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 18 PM 2:46

DOCUMENT # **N26966**

1. Corporation Name

**HIGH VISTA PROPERTY OWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1957 HIGH VISTA DRIVE  
P.O. BOX 5412  
LAKELAND FL 33807-2412  
US

1957 HIGH VISTA DRIVE  
P.O. BOX 5412  
LAKELAND FL 33807-2412  
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/15/1988

5. FEI Number

59-2894237

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
VP	<del>CARLTON, MIKE</del> Mary Ann Jones	<del>1984 HIGH VISTA DR</del> 1933	LAKELAND FL 33813
PD	PRINCE, ROBERT M.	1970 HIGH VISTA DR.	LAKELAND FL 33813
ST	<del>WATKINS, JOHN</del> Mike Sligh	<del>1928 VISTA VIEW DR</del> HIGH VISTA DR 1941	LAKELAND FL 33813
TSD	<del>MILCHICH, TIM</del> Glenn Murphy	<del>1906 VISTA VIEW DR.</del> 1910 HIGH VISTA DR	LAKELAND FL 33813
			400003440964--5 -10/26/00--01088--012 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Glenn Murphy

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

1910 High Vista Dr.

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33813

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

*Glenn Murphy*  
REGISTERED AGENT MUST SIGN

Date 10-14-00

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:

*Glenn Murphy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-14-00 863/646-7101  
Date Daytime Phone #

CR2E040 (8/00)