

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 FEB 14 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N31722

1. Corporation Name

HIAWASSEE MEADOWS HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 680708
ORLANDO FL 32868-0708

P.O. BOX 680708
ORLANDO FL 32868-0708

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

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

04/14/1989

5. FEI Number

59-2952466

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
TD V/D	BOYD, ANDREW	4612 MIRANDA CIRCLE	ORLANDO FL 32818
S/T	CONLEY, MARLENE	4707 MIRANDA CIRCLE	ORLANDO FL 32818
AC	CUMMINGS, B A	4719 MIRANDA CIRCLE	ORLANDO FL
PD	PULEIKIS, JOANNE	4695 MIRANDA CIRCLE	ORLANDO FL 32818
D	JONES, DEBRA	4611 MIRANDA CIRCLE	ORLANDO FL 32818
T	REYES, AMANDA	4648 MIRANDA CIRCLE	ORLANDO FL 32818

8. Name and Address of Current Registered Agent

PULEIKIS, JOANNE
4695 MIRANDA CIRCLE
ORLANDO FL 32818

9. Name and Address of New Registered Agent

Name

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

000003156130--1

Suite, Apt. #, Etc.

03/03/00--01009--020

***297.50 ***297.50

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

JOANNE PULEIKIS
REGISTERED AGENT MUST SIGN

Date

2-9-2000

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:

JOANNE PULEIKIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-9-2000

KE