

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR -4 PM 2:39

DOCUMENT # N32051

1. Corporation Name

The Vineyard Homeowner's Association, Inc.

2. Principal Office Address - No P.O. Box #

6250 Vineyard Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

6250 Vineyard Dr.

Suite, Apt. #, etc.

City & State

Lakeland

City & State

Florida

Zip

33809

Country

Polk

Zip

33809

Country

Polk

4. Date Incorporated or Qualified
To Do Business In Florida 05/02/1989

5. FEI Number

592942772

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Eston W. Hunter

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

6250 Vineyard Dr.

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33809

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Eston W. Hunter
REGISTERED AGENT MUST SIGN

Date

3-19-08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Eston W. Hunter	6250 Vineyard Dr.	Lakeland, FL 33809
Vice President	Dan Varner	6252 Vitner Ln.	Lakeland, FL 33809
Secretary	Dennis Bieber	436 Vineyard Dr.	Lakeland, FL 33809

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10. 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 contained in Chapter 119, 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:

Eston W. Hunter Eston W. Hunter, Pres. 3-19-08/863-859-7883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #