

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

80 JAN -6 PM 3:24

DOCUMENT # N32226

1. Corporation Name

DESOTO VILLAGE HOME OWNERS, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Signature]*

Principal Place of Business

4810 HWY 72 NW  
LOT 302  
ARCADIA FL 33821  
US

Mailing Address

4810 HWY 72 NW  
LOT-302 171  
ARCADIA FL 34266  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country



REINSTATEMENT 1999

4. Date Incorporated or Qualified To Do Business in Florida

05/10/1989

5. FEI Number

65-0133133

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
PD	DAWNS, SHARON	4810 HWY 72 LOT 116	ARCADIA FL 34266
VPD	FORSYTHE, LEWIS	4810 HWY 72 LOT 163	ARCADIA FL 34266
SD	SKILLMAN, PATRICIA	4810 HWY 72 LOT 138	ARCADIA FL 34266
TD	HUMMER, JAN	4810 HWY 72 LOT 171	ARCADIA FL 34266
			4000003131284--2 -02/10/00--01036--028 *****61.25 *****61.25

8. Name and Address of Current Registered Agent

HUMMER, JAM  
4810 HIGHWAY 72 NW  
LOT 171  
ARCADIA FL 34266

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

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-02/10/00--01036--028

State Zip Code \*\*\*\*\*175.00 \*\*\*\*\*175.00

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

*[Signature of Jan Hummer]*

REGISTERED AGENT MUST SIGN

Date

12/1/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature of Jan Hummer]*

JAN HUMMER

Date

12/1/99

Daytime Phone #

863-993-3270

CR2E040 (3/99)