

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

182
FILED

04 FEB 12 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N33040

1. Corporation Name

**HILLVIEW PARK MEDICAL COMPLEX
CONDOMINIUM ASSOCIATION, INC.**

2. Principal Office Address

3040 GRAND BAY

Suite, Apt. #, etc.

#245

City & State

LONGBOAT KEY, FL

Zip

34228

Country

3. Mailing Office Address

46 N. WASHINGTON BLVD.

Suite, Apt. #, etc.

#1

City & State

SARASOTA, FL

Zip

34236

Country

REINSTATEMENT

92-04
MRD

4. Date Incorporated or Qualified
To Do Business in Florida

06/29/1989

5. FEI Number

65-0143251

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

LPSCORPORATE SERVICES, INC.

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

46 N. WASHINGTON BLVD.

Suite, Apt. #, Etc.

#1

City

SARASOTA

State

FL

Zip Code

34236

600029296306

02/24/04--01018--015 **971 25

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

see attached for registered agent signature

Date

JOHN PATTERSON, JR. President

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
D,P,S,T	HOWARD, FRED	3040 GRAND BAY #245	LONGBOAT KEY, FL 34228
D,V	HOWARD, LOIS	3040 GRAND BAY, #245	LONGBOAT KEY, FL 34228
D	HOWARD, BARRY	3040 GRAND BAY, #245	LONGBOAT KEY, FL 34228

600029296306

02/24/04--01018--016 **8.75

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 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:

Fred Howard
FRED HOWARD, President

2/9/04 (248) 766-5751

Date

Daytime Phone #

CR2E081 (01/04)

For RA Signature Only

292

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

For Res. Agent
Signature Only

DOCUMENT # N33040

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Name

LPS CORPORATE SERVICES, INC.

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Suite, Apt. #, Etc.

#1

City

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FL

Zip Code

34236

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Signature of
Registered Agent

JOHN PATTERSON, JR. President

Date

2/9/04

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D,V	HOWARD, LOIS	3040 GRAND BAY, #245	LONGBOAT KEY, FL 34228
D	HOWARD, BARRY	3040 GRAND BAY, #245	LONGBOAT KEY, FL 34228

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SIGNATURE:

Fred Howard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRED HOWARD, President

2/9/04

Date

(248) 766-5751

Daytime Phone #

CR2E061 (01/04)