

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N39269**

1. Corporation Name
MILLS BAYOU HOMEOWNER'S ASSOCIATION, INC.

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

3305 MILLS BAYOU DRIVE

Suite, Apt. #, etc.

City & State

MILTON, FL

Zip

32583

Country

USA

3. Mailing Office Address

3305 MILLS BAYOU DRIVE

Suite, Apt. #, etc.

City & State

MILTON, FL

Zip

32583

Country

USA

100189098371
12/29/10--01033--012 **\$10.00

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

27 JULY 1990

5. FEI Number

59-3021244

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

PAUL C. HAZUCHA

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

3305 MILLS BAYOU DRIVE

Suite, Apt. #, Etc.

City

MILTON

State

FL

Zip Code

32583

REINSTATEMENT
2000-10

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

Paul C. Hazucha
REGISTERED AGENT MUST SIGN

Date **27 DEC 2010**

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
P	FRANK F. SHELBY	3300 MILLS BAYOU DRIVE	MILTON, FL 32583
V	SID BRAUNSTIEN	3364 MILLS BAYOU DRIVE	MILTON, FL 32583
S/T	PAUL C. HAZUCHA	3305 MILLS BAYOU DRIVE	MILTON, FL 32583
			S. HAWKES
			DEC 30 2010
			EXAMINER

10. E-mail Address: **HAZUCHAP@BARTLINK.NET**

(To be used for future annual report notification)

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. I further certify, 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: *Frank F. Shelby* **FRANK F. SHELBY** **27 DEC 2010** **850-994-1899**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SECT 4/11/10 850-995-0790