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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 MAY 11 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #N45504

1. Corporation Name

Yarborough Heights Property Owners' Association,
Inc.

REINSTATEMENT 1994-09

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

3734 Verna Court

Suite, Apt. #, etc.

3. Mailing Office Address

3734 Verna Court

Suite, Apt. #, etc.

City & State

Lakeland, Florida

City & State

Lakeland, Florida

Zip

33812

Country

Polk

Zip

33812

Country

Polk

CR2E081 (12/08)

25/11

4. Date Incorporated or Qualified
To Do Business in Florida

10/07/1991

5. FEI Number

59-3110761

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

☐ 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.

7. Name and Address of Current Registered Agent

Name

Denna Hardwick

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

3734 Verna Court

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33812

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

REGISTERED AGENT MUST SIGN

Date 5-8-09

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/D	Denna Hardwick	3734 Verna Court	Lakeland, Florida 33812
V/D	Billy Hardwick	3734 Verna Court	Lakeland, Florida 33812
S/T/D	Barbara Brooks	3719 Verna Court	Lakeland, Florida 33812
D	John Brooks	3719 Verna Court	Lakeland, Florida 33812
			700155772847

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Denna Hardwick

Date

5-8-09

Daytime Phone #

203-701-0909



CORPORATION SERVICE COMPANY

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ACCOUNT NO. : I20000000195
REFERENCE : 988328 8954A
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 1155.00

ORDER DATE : May 11, 2009
ORDER TIME : 11:05 AM
ORDER NO. : 988328-005
CUSTOMER NO: 8954A

RECEIVED
09 MAY 11 PM 1:50
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: YARBOROUGH HEIGHTS PROPERTY
OWNERS' ASSOCIATION, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Joyce Markley - Ext# 2930

EXAMINER'S INITIALS _____