

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 FEB -1 PM 1:02

DOCUMENT # N45632

1. Corporation Name

HYLAND FARMS PROPERTY OWNERS ASSOCIATION INC.

2. Principal Office Address

P.O. BOX 1477

Suite, Apt. #, etc.

City & State

DADE CITY, FLORIDA

Zip

33526

Country

U.S.A

3. Mailing Office Address

P.O. BOX 1477

Suite, Apt. #, etc.

City & State

DADE CITY, FLORIDA

Zip

33526

Country

U.S.A

REINSTATEMENT 94-02

09-03-99 90002 034 86125

**4. Date Incorporated or Qualified
To Do Business in Florida**

10-15-1991

5. FEI Number

59-3107851

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

MIGUEL A CENDAN

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

17610 HYLAND LANE.

Suite, Apt. #, Etc.

City

DADE CITY

State

FL

Zip Code

33523

800004883208-5

02/06/02 01051 007

***358.75 ***358.75

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

M.A. Cendan

Date 01-29-02

REGISTERED AGENT MUST SIGN

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	RONALD FRASONE	35400 NINA SUE LANE	DADE CITY FL. 33523
T/D	MIGUEL A CENDAN	17610 HYLAND LANE	DADE CITY FL 33523
D	ROBERT DAWSON	35216 BURLWOOD LANE	DADE CITY FL. 33523
V/D	JEFF FOOTE	17433 HYLAND LANE	DADE CITY FL. 33523
S/D	MARY WILLIFORD	17815 HYLAND LANE	DADE CITY FL. 33523

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:

Ronald A. Frasone

RONALD FRASONE

01-29-02

Date

(813) 870-8377

Daytime Phone #

CR2E081 (9/00)

HYLAND FARMS PROPERTY OWNERS' ASSOCIATION

To: Florida Department of State
Department of Corporations

From: Hyland Farms Property Owners' Association

Reference: Corporation Reinstatement

Date: 01-30-02

As per my conversation with Eula on 01-29-02, I'm enclosing the payment for reinstatement of the Hyland Farms Property Owners' Association. Currently you have in your possession check number 103 for the amount of \$61.25, I respectfully request that these funds be applied to the reinstatement fee. This check was issued to you 08-30-99 for the 1999 dues. Unfortunately the application was not filled out properly and the reinstatement did not occur. Thank you for your assistance in this matter.


Miguel A. Cendan
Treasurer