

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR 28 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N45970

1. Corporation Name

HIGHLAND STATION
HOME OWNER'S ASSOCIATION

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

6335 CONDUCTOR CT.

Suite, Apt. #, etc.

City & State

LAKE LAND FL

Zip

33813

Country

USA

3. Mailing Office Address

- same -

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 997-07

CR2E081 (1/07)

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

11/13/1991

5. FEI Number

593118081

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

DEBORAH SMITH

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

6335 CONDUCTOR CT.

Suite, Apt. #, Etc.

City

LAKE LAND

State

FL

Zip Code

33813

☒ 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.

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04/11/07--01022--007 **673.75

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

Debbie Smith

REGISTERED AGENT MUST SIGN

Date 3/25/06

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
<u>S</u>	<u>DEBORAH SMITH</u>	<u>6335 CONDUCTOR CT.</u>	<u>LAKE LAND, FL 33813</u>
<u>T</u>	<u>NICOLE STEINMETZ</u>	<u>1051 STATION ST.</u>	<u>LAKE LAND, FL 33813</u>
<u>BOARD MEMBER</u>	<u>GAUNDA FLEMING</u>	<u>1027 STATION ST.</u>	<u>LAKE LAND, FL 33813</u>
<u>BOARD MEMBER</u>	<u>SAMANTHA CARL</u>	<u>6333 CONDUCTOR CT.</u>	<u>LAKE LAND, FL 33813</u>
<u>BOARD MEMBER</u>	<u>REBECCA CHANDLER</u>	<u>6317 CONDUCTOR CT.</u>	<u>LAKE LAND, FL 33813</u>
<u>BOARD MEMBER</u>	<u>GIDGET WILSON</u>	<u>6329 CONDUCTOR CT.</u>	<u>LAKE LAND, FL 33813</u>

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

DEBBIE SMITH

3/25/06

Date

cell:

863-370-7356

Daytime Phone #

7.4/3