

2009 ANNUAL REPORT

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 22 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N45970**

1. Corporation Name

Highland Station Homeowner's Assoc,

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

6321 Conductor Ct.

Suite, Apt. #, etc.

City & State

Lakeland, FL

Zip

33813

Country

USA

3. Mailing Office Address

6321 Conductor Ct.

Suite, Apt. #, etc.

City & State

Lakeland, FL

Zip

33813

Country

USA

500151808675
04/22/09--01025--016 **78.75

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

11/13/91

5. FEI Number

593118081

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$3.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

JANICE HAMMACK

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

6321 Conductor Ct.

Suite, Apt. #, Etc.

City

Lakeland

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.

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

Janice Hammack
REGISTERED AGENT MUST SIGN

Date

Feb 9, 2009

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
DR	Galinda Fleming	1027 STATION ST	Lakeland, FL 33813
DR	Earl Gullet	6327 CONDUCTOR CT	Lakeland, FL 33813
Sec.	Rebecca Chandler	6317 CONDUCTOR CT	Lakeland, FL 33813
DR	Samantha Carl	6333 CONDUCTOR CT	Lakeland, FL 33813
REINSTATEMENT RH			

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

Galinda Fleming
Galinda Fleming

Date

4-1-9

Daytime Phone #

803-289-3338