

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N48872**

1. Corporation Name

HIDDEN ISLAND ESTATES HOMEOWNERS ASSOCIATION, IN C.

Principal Place of Business

Mailing Address

7802 HIDDEN ISLAND LANE
TEMPLE TERRACE FL 33617
US

7802 HIDDEN ISLAND LANE
TEMPLE TERRACE FL 33617
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

05/11/1992

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BOSS, RICHARD O	7804 HIDDEN ISLAND LANE	TEMPLE TERRACE FL
PTS	MCCORMICK, CARL OR SUSAN	7802 HIDDEN ISLAND LN	TEMPLE TERRACE FL
P	HARTMAN, PAUL/PATRICIA	7808 HIDDEN ISLAND LN	TEMPLE TERRACE FL
D	TAYLOR, BILL	7806 HIDDEN ISLAND LN	TEMPLE TERRACE FL 33617
D	APRILE, DANNY/ANGELA	7810 HIDDEN ISLAND LANE	TEMPLE TERRACE FL 33617
			800004695758--7
			-11/27/01--01083--025
			****236.25 ****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCCORMICK, SUSAN
7802 HIDDEN ISLAND LANE
TEMPLE TERRACE FL 33617

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Susan D. McCormick

REGISTERED AGENT MUST SIGN

Date 10-26-01

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 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:

Susan D. McCormick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-26-01 813 989 3937

Date

Daytime Phone #

CR2E040 (8/01)