

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50006

1. Corporation Name

HIDDEN LAKE ESTATES, INC. HOMEOWNERS' ASSOCIATION

Principal Place of Business

1071 HIDDEN DRIVE
LAKELAND FL 33809-6644
US

Mailing Address

1071 HIDDEN DRIVE
LAKELAND FL 33809-6644
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

4. Date Incorporated or Qualified
To Do Business in Florida

07/23/1992

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status



100008766711
11/04/02--01002--027 **61.25

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
P	WEISS, ROBERT J	1071 HIDDEN DRIVE	LAKELAND FL 33809
VP	FRIEDT, JOHN	1041 HIDDEN DRIVE	LAKELAND FL 33809
ST	GALUPEAU, LYNETTE	1002 HIDDEN COURT	LAKELAND FL 33809
D	BATES, MARK	1005 HIDDEN COURT	LAKELAND FL 33809
D	O'HARA, SHARON	1009 HIDDEN DRIVE	LAKELAND FL 33809
D	DAVIS, VICKY	1077 HIDDEN DRIVE	LAKELAND FL 33809

8. Name and Address of Current Registered Agent

WEISS, ROBERT J PRES
1071 HIDDEN DRIVE
LAKELAND FL 33809-6644

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WEISS, ROBERT J

10/29/02
Date

407-645-5008
Daytime Phone #

CR2E040 (8/02)



2052

October 26, 2001

To Whom it May Concern:

Hidden Lake Estates, Inc. Homeowners' Association did not receive the Prior UBR notices. We wish to have the Association reinstated.

Enclosed you will find our Application for Reinstatement along with a check for \$61.25.

Sincerely,

A handwritten signature in black ink, appearing to read "Rob Weiss".

Rob Weiss
President