

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

N50702
HIGHLAND LAKES II OWNERS' ASSOCIATION INC.
c/o H.O.M.E., INC

Principal Place of Business

Mailing Address

301 DOW COURT
GREEN COVE SPRINGS FL 32043
US
PO BOX 204
DOCTORS INLET FL 32030

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

09/03/1992

5. FEI Number

59-3174855

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	D. LANE HUMPHRIES	7974 MACTAVISH WAY, N.	JACKSONVILLE FL
YD	CYNTHIA S. BOSNYAK	8090 COATBRIDGE LANE, E	JACKSONVILLE FL
SD	JEANNIE M BROWN	7983 MACTAVISH WAY N	JACKSONVILLE FL

800002422318-4
-02/05/98-V00560004
******297.58****297.50**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARY K. BURKETT
7772 MACTAVISH WAYS
JACKSONVILLE FL 32244

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 **Mary K. Burkett**
REGISTERED AGENT MUST SIGN

Date **Jan. 27, 1998**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

JEANNIE M. BROWN
Jeannie m Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 27, 1998 (904) 573-6479
Date Daytime Phone #

FILED

98 FEB -2 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 91-918

CR2E040 (1/2/96)