

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 # N92000000814

1. Corporation Name

TIFFANY ESTATES HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2744 TIFFANY DRIVE  
NEW SMYRNA BEACH FL 32168

2744 TIFFANY DRIVE  
NEW SMYRNA BEACH FL 32168

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

12/14/1992

5. FEI Number

59-3157176

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
D	KIRK L CULVER	2749 TIFFANY DR	NEW SMYRNA BEACH FL
D	FRED ZERCHER	2609 TIFFANY DRIVE	NEW SMYRNA BEACH FL
D	CORNELIUS, LON	2734 TIFFANY DR	NEW SMYRNA BEACH FL
P	LYMAN, GREGORY	2765 TIFFANY DRIVE	NEW SMYRNA BEACH FL
D	EMMERT, JOHN R	2744 TIFFANY DRIVE	NEW SMYRNA BEACH FL 32168
ST	EMMERT, LEE	2744 TIFFANY DR	NEW SMYRNA BEACH FL 32068

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EMMERT, LEE  
2744 TIFFANY DRIVE  
NEW SMYRNA BEACH FL 32068

Name

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

Suite, Apt. #, Etc.

City

State

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.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

11/12/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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)(f), 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/12/98 904-427-8368

FILED

98 NOV 20 AM 11:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2ED40 (9/98)

TIFFANY ESTATES HOMEOWNERS ASSOS.  
2744 TIFFANY DRIVE  
NEW SMYRNA BEACH, FLORIDA 32168

TO WHOM IT MAY CONCERN:

I SPOKE TO LESLIE AT YOUR CORPORATION ON 11/12/98. SHE ADVISED ME TO WRITE THIS LETTER TO YOU. IN APRIL 1998, I FILED MY ANNUAL REPORT AND A CHECK FOR \$61.25 NUMBER 138. I RECEIVED THE FOLLOW UP THAT YOU HAD NOT RECEIVED IT AND HONESTLY THOUGHT IT WAS AN OVERSIGHT ON YOUR PART. I JUST RECEIVED THE FORM FOR DISMISSAL AND CHECKED WITH THE BANK TO REALIZE THE CHECK HAS NOT BEEN CASHED. I WOULD HAVE NOTIFIED YOU SOONER, BUT I HAVE BEEN INVOLVED IN AN ACCIDENT AND JUST RECOVERING FROM INTERNAL BRAIN DAMAGE. DR. KUHN IN DAYTONA IS MY NUROLOGIST AND YOU MAY CONTACT HIM TO VERIFY THIS. PLEASE ACCEPT MY CHECK AND PLEASE DO NOT CANCELL US

SINCERELY ,



LEE EMMERT  
SEC/TREAS  
1-904-427-8367