

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

**APPROVED
AND
FILED**

1997 MAR -7 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 94000002646
N94000002646

1. Corporation Name

JUSTIN HEIGHTS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3444 Justin David Court
Lakeland, FL 33809

REINSTATEMENT

95-97

128
3/17/97

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

listed above

Suite, Apt. #, etc.

3. New Mailing Address, If Applicable

same as above

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida
5-25-94

5. FEI Number

Applied For
☒ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
Pres.	Somer A. Huffman <i>D</i>	3444 Justin David Ct.	Lakeland, FL 33809
V. Pres.	Joseph P. Farrell <i>D</i>	3469 Justin David Ct.	Lakeland, FL 33809
Sec/ Treas.	Cynthia Windham <i>D</i>	3419 Justin David Ct.	Lakeland, FL 33809

900002110099--6
-03/11/97--01085--008
***358.75 ***358.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Joseph P. Farrell
3469 Justin David Ct.
Lakeland, FL 33809

Name

Somer A. Huffman

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

3444 Justin David Ct.

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33809

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

x Somer A. Huffman

Date 1-28-97

REGISTERED AGENT MUST SIGN Somer A. Huffman

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

x Somer A. Huffman

1-28-97

665-5167

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (12/95)