

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 JUL 28 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07/22/08--01023--002 ***420.00

REINSTATEMENT 05-09

DOCUMENT # N940000002849 (7)

1. Corporation Name

Haines City Merchants & Business Association

W08-34662

2. Principal Office Address - No P.O. Box #

706 Ingraham Ave.

Suite, Apt. #, etc.

City & State

HAINES CITY FL

Zip

33844

Country

POLK

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 6/03/94

5. FEI Number

59-3252089

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

FRANCES VANDIVER

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

P.O. BOX 2009 706 INGRAHAM AVE

Suite, Apt. #, Etc.

City

HAINES CITY

State

FL

Zip Code

33845

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Frances Vandiver

REGISTERED AGENT MUST SIGN

Date 7/17/08

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	TIM LAWHORN	137 HICKORY DRIVE	HAINES CITY FL 33844
V-PRE	JAYNE HALL	627 INGRAHAM AVE	HAINES CITY FL 33844
SEC	BOBBIE CROMER	JONES AVE	HAINES CITY FL 33844
TREAS	FRANCES VANDIVER	P.O. BOX 2009	HAINES CITY FL 33845

10. 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 contained in Chapter 119, 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

Frances Vandiver

FRANCES VANDIVER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/08 863-439-6510

Date

Daytime Phone #