

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 27 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002849

1. Corporation Name

Haines City Merchants And Business ASSOCIATION

2. Principal Office Address

12 N 5th St.

3. Mailing Office Address

12 N 5th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Haines City, FL

City & State

Haines City FL

Zip

33844

Country

Polk

Zip

33844

Country

Polk

4. Date Incorporated or Qualified To Do Business in Florida

4/14/98

5. FEI Number

59-325 2089

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$3.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 01-03

7. Name and Address of Current Registered Agent

Name

FRANCES Vandiver

100024104531 10/27/03--01025--020 **358 75

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

12 N 5th St.

10/27/03--01025--020 **358 75

Suite, Apt. #, Etc.

City

Haines City

State

FL

Zip Code

33844

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 10/22/03

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
V-Pres	JAYNE HALL	627 Ingraham Ave	Haines City, FL
SEC	BOBBIE CROMER	121 N 8th Street	Haines City, FL
Treas	FRANCES Vandiver	12 N 5th St.	Haines City, FL 33844

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 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:

FRANCES Vandiver

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/22/03

Daytime Phone #

863-419-8137

CR2E081 (10/02)