

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 # N 95000001814

1. Corporation Name

Hidden Glen Association, Inc

Principal Place of Business

Mailing Address

PO Box 700596
St. Cloud, Florida 34770-0596

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

4. Date Incorporated or Qualified
To Do Business in Florida

4-12-95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number.

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

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
P.S. T.D	Crawford, Joyce	6150 E Irlo Bronson Memorial Hwy	St. Cloud, FL 34771
ND	Davis, Glen	1391 Pine Island Rd	Kissimmee, FL 34744 5000003113715 -01/28/00-01005-005 ****358.75 ****358.75
ND	Arrington, Mary J	813 Bryan Street	Kissimmee, FL 34741

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

Joyce Crawford
6150 E Irlo Bronson Mem Hwy
St. Cloud, FL 34771

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

Joyce L Crawford

REGISTERED AGENT MUST SIGN

Date

12-6-99

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)(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:

Joyce L Crawford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-6-99

Date

(407) 891-9380

Daytime Phone #

REINSTATEMENT

FILED

99 DEC -9 PM 12: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA