

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
-FOR
REINSTATEMENT**



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

AND
FILED

98 DEC 18 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000002023

1. Corporation Name

HAILE COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3616 N.W. 186TH STREET
NEWBERRY FL 32669

P. O. BOX 1074
NEWBERRY FL 32669
US



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

REINSTATEMENT *JB*

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/27/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
TD V/D	GODEN, RICHARD SUE HARMS	18513 NW 23 PL 7010 NW 200 TERR	NEWBERRY FL ALACHUA FL 32615
SD	HANST, AMY R	1518 NW COUNTY RD 235	NEWBERRY FL 32669
TD D/D TD	SHERWOOD, ED	503 NW 182ND ST	NEWBERRY FL 32669
D	HUNTER, SUE E	7230 NW 200 TERRACE	ALACHUA FL 32615
D	GANDACE MCCALL WILLIAM MCINARNEY	4115 NW 186 ST 6928 NW 196 ST	NEWBERRY FL ALACHUA 32615
D	PHYLLIS SAARINEN Gene Levanen	3616 186TH ST 20816 NW 46 AVE	NEWBERRY FL NEWBERRY FL 32669

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOHN MCCALL
4115 NW 186 ST
NEWBERRY FL 32669
-12/28/98--01115--008
****236.25 ****236.25

Name
Edward Sherwood
Street Address (P.O. Box Number is Not Acceptable)
503 NW 182 ST
Suite, Apt. #, Etc.

City
Newberry
State
FL
Zip Code
32669

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

Edward Sherwood
REQUIRED
REGISTERED AGENT MUST SIGN

Date

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:

Edward P. Sherwood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/98

Date

Daytime Phone #

352-332-1220