

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 OCT 29 PM 5:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N97000006079**

1. Corporation Name

HIGH POINT NEIGHBORS, INC.

Principal Place of Business

Mailing Address

5764 157TH AVE NORTH
CLEARWATER FL 33760

5764 157TH AVE NORTH
CLEARWATER FL 33760

RA



REINSTATEMENT 2003

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

10/28/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3497801

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	EUGENE E PETYS	5764 157TH AVE N	CLEARWATER FL 33760
TD	MICHELE BISHOP PETYS	5764 157TH AVE N	CLEARWATER FL 33760
SD	NANCY WILLIS	15436 MORGAN ST	CLEARWATER FL 33760
VD	RAMNATH, MODAN MOHAN	5764 157TH AVE N	CLEARWATER FL 33760

200024334052
10/31/03--01056--015 **236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PETYS, MICHELE B
5764 157TH AVE NORTH
CLEARWATER FL 33760

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10-20-03

11. 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:

[Signature]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-20-03

Daytime Phone #

CR2E040 (7/03)