

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 SEP 25 PM 12:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000016978

1. Corporation Name

HIDDEN RIVER LAND COMPANY

000008048490--0  
-09/26/02--01035--010  
\*\*\*\*900.00 \*\*\*\*900.00

REINSTATEMENT 01-02

2. Principal Office Address

710 THORNBURG RD.

Suite, Apt. #, etc.

City & State

BABSON PARK, FL

Zip

33827

Country

U.S.

3. Mailing Office Address

710 THORNBURG RD.

Suite, Apt. #, etc.

City & State

BABSON PARK, FL

Zip

33827

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

2/7/00

5. FEI Number

~~0000000000~~

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

KARLA S. GRAY

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

710 THORNBURG ROAD

Suite, Apt. #, Etc.

City

BABSON PARK

State

FL

Zip Code

33827

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

Karla S. Gray

REGISTERED AGENT MUST SIGN

Date 9/23/02

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
D/P	ROBERT Q. STAKER	518 HARBOUR POINT BLVD.	ORLANDO, FL 32835
D/T	JOAN STAKER	518 HARBOUR POINT BLVD.	ORLANDO, FL 32835
D/A	KARLA S. GRAY	710 THORNBURG RD.	BABSON PARK, FL 33827

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)(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:

Karla S. Gray (KARLA S. GRAY)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/23/02 863-519-0817

Date

Daytime Phone #

CR2E081 (9/01)

9/25/02