

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 APR 30 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P04000047039**

1. Corporation Name

HI-Oaks MHP, Inc

REINSTATEMENT 05-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
5650 Breckenridge Dr

3. Mailing Office Address
PO Box 310107

Suite, Apt. #, etc.
#110

Suite, Apt. #, etc.

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33610

Country
US

Zip
33680-0107

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida **3/16/2004**

5. FEI Number
84-1641238

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
Thomas L Wilson

Street Address (P.O. Box Number is Not Acceptable)
4600 W Sunset Blvd

Suite, Apt. #, Etc.

City
Tampa, FL

State
FL

Zip Code
33629

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Thomas L Wilson

REGISTERED AGENT MUST SIGN

Date **8/25/07**

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/ D | Raymond J Prossen | 5650 Breckenridge Dr | Tampa, FL |
| Secr/ S | Thomas L Wilson | 5650 Breckenridge Dr | Tampa, FL |
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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 contained in Chapter 119, 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:

Thomas L Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS L. WILSON, Sec

Date

4/25/07

Daytime Phone #

813-230-9446