

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2011 OCT 21 PM 4:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000039152

1. Corporation Name

Vista Hills II Properties, Inc.

2. Principal Office Address - No P.O. Box #

4915 SOUTHFORK DR

Suite, Apt. #, etc.

3. Mailing Office Address

4915 SOUTHFORK DR

Suite, Apt. #, etc.

City & State

LAKELAND FL

City & State

LAKELAND FL

Zip

33813

Country

USA

Zip

33813

Country

USA

**REINSTATEMENT**

CR22081 (11/10)

08-11

4. Date Incorporated or Qualified  
To Do Business in Florida

03/14/2005

5. FEI Number

202477173

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

DALE G. JACOBS

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

4915 SOUTHFORK DR

Suite, Apt. #, Etc.

City

LAKELAND

State

FL

Zip Code

33813

800213565328  
10/21/11-01030-003 \*\*1200.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/18/11

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
P,D	DALE G. JACOBS	4915 SOUTHFORK DR	LAKELAND, FL 33813

10. E-mail Address: DALE@DALEJACOBS.COM

(To be used for future annual report notification)

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 807.0401 or 817.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

DALE G. JACOBS

10/18/11

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #