

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

97 DEC -8 AM 11:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

992000009617

1. Corporation Name

THE HERTFORD VILLA CO. INC.

Principal Place of Business

2904 PADDINGTON WAY,  
LINDFIELDS  
KISSIMMEE  
FL 34747

Mailing Address  
W99-25640

51 SKEGNESS RD  
STEVENAGE  
HERTS  
SG12HS. U.K.

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 Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

DO NOT WRITE IN THIS SPACE

12/7/92

5. FEI Number

98-0141872

Applied For  
Not Applicable

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P/D	SELBY PETER W <del>PETER SELBY</del>	45 SKEGNESS ROAD.	STEVENAGE SG12HS. UK.
D	MICHAEL AUSTON	51 SKEGNESS ROAD	STEVENAGE SG12HS UK.
S/D	ELAINE AUSTON	51 SKEGNESS ROAD	STEVENAGE SG12HS UK.

100002366391-3  
-12/09/97-01068-003  
\*\*\*1400.00 \*\*\*1400.00

12/9

8. Name and Address of Current Registered Agent

SELBY PETER W.  
PETER WILLIAM SELBY  
2904 PADDINGTON WAY  
LINDFIELDS  
KISSIMMEE  
FL 34747.

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State Zip Code  
FL

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

X [Signature]

THE GISTE REGISTERED AGENT MUST SIGN

Date 23 June 97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

11/1/97

ELAINE AUSTON

23 JUNE 1997