

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -7 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000087618

1. Corporation Name

POWERTEC LIGHTNING PROTECTION, INC.

Principal Place of Business

307 WETLANDS PL
SAINT CLOUD FL 34771
US

Mailing Address

307 WETLANDS PL
SAINT CLOUD FL 34771
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/22/1993

5. FEI Number

59-3216368

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	HUNTER, GARY L	307 WETLANDS PL	SAINT CLOUD FL 34771
VP	HUNTER, PENNY	307 WETLANDS PL	SAINT CLOUD FL 34771

500008872375
11/07/02--01085--012 **150.00

8. Name and Address of Current Registered Agent

HUNTER, GARY L
307 WETLANDS PL
SAINT CLOUD FL 34771

9. Name and Address of New Registered Agent

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]
REGISTERED AGENT MUST SIGN GARY HUNTER

Date

10-28-02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR GARY HUNTER Date 10-28-02 Daytime Phone #

CR2E040 (8/02)



**Lightning
Protection, Inc.**

Lightning Protection Systems • Grounding systems • Surge Supressors • Design • Installation • UL Listed

November 4, 2002
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Enclosed you will find a check for \$150.00 along with a reinstatement form. Powertec Lightning Protection, Inc. had not been notified of the 2002 corporation annual report. There for we did not file on time.

Upon receipt of the Notice of Administrative Dissolution or Revocation I called 850-245-6059 and was informed to write this letter along with the current form and a check for \$150.00 and this would reinstate Powertec Lightning Protection Inc.

Thank you,

A handwritten signature in black ink, appearing to read "Penny Hunter". The signature is fluid and cursive, with a large initial 'P'.

Penny Hunter
Vice President
407-892-2933

A handwritten signature in black ink, appearing to read "Gary Hunter". The signature is fluid and cursive, with a large initial 'G'.

Gary Hunter
President
407-892-2933

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -7 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # 744690

1. Corporation Name

HILLSIDE TERRACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

210-A E. DESOTO STREET
CLERMONT FL 34711

210-A E. DESOTO STREET
CLERMONT FL 34711

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

220D East Desoto St.
Clermont, FL

P.O. Box 121553
Clermont, FL

Zip 34711

Country USA

Zip 34712

Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/24/1978

5. FEI Number

59-3568224

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	COMBS, TRAVIS C	210-A E. DESOTO STREET	CLERMONT FL 34711
DVP	ANDERSON, BEVERLY	210-C E. DESOTO STREET	CLERMONT FL 34711
DST	ZELINSKI, ELIZABETH	210-B E. DESOTO STREET	CLERMONT FL 34711
DP	Audrey Wells	220 D East Desoto St.	Clermont, FL 34711
DVP	Elizabeth Zelinski	210 B East Desoto St.	Clermont, FL 34711
DST	Shirley Padgett	230 A East Desoto St.	Clermont, FL 34711

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COMBS, TRAVIS C
210-A E. DESOTO STREET
CLERMONT FL 34711

Name

Audrey Wells

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

220D E. Desoto St.

Suite, Apt. #, Etc.

City

Clermont

State

FL

Zip Code

34711

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.

200008871642
11/07/02--01065--003 **70.00

Signature of
Registered Agent

Audrey Wells
DP

REGISTERED AGENT MUST SIGN

Date 10-31-02

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.

Shirley W. Padgett

(352)

SIGNATURE:

SIGNATURE REQUIRED
Shirley W. Padgett, DST

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-31-02

Date

243-0276

Daytime Phone #

CR2E040 (8/02)

Audrey M. Wells, President

Hillside Terrace Condo Association

220D E. Desoto Street (mailing address)
Clermont, Florida 34711 P.O. Box 121553

Jim Smith, Secretary of State

Division of Corporations

Annual Report/Reinstatement Section

November 1, 2002

Dear Mr. Smith,

A diligent search of our records did not reveal any notice regarding annual reports. We regret the failure of compliance and request a waiver of reinstatement fee. New officers are now aware of need to file annually between January 1st and May 1st. We appreciate your consideration in this matter.

Respectfully,

Audrey M. Wells.

Audrey M. Wells, President

Hillside Terrace Condo Association