

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 17 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000059983**

1. Corporation Name

HIAWASSEE WOODS SHOPPING CENTER, INC.

REINSTATEMENT 03



100025544144
12/17/03--01004--033 **758.75

Principal Place of Business

Mailing Address

6849 WEST COLONIAL DRIVE
ORLANDO FL 32818

~~6849 WEST COLONIAL DRIVE~~
~~ORLANDO FL 32818~~

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

4. Date Incorporated or Qualified
To Do Business in Florida

07/10/1997

Suite, Apt., #, etc.

Suite, Apt., #, etc.

17945 SE 88th GRIMBALL AVE

5. FEI Number

59-3456579

Applied For

Not Applicable

City & State

City & State

THE VILLAGES FL

Zip

Country

Zip

Country

32162

USA

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
PTSD	ABRAMS, MARJORIE	6849 WEST COLONIAL DRIVE 17945 SE 88th GRIMBALL AVE	ORLANDO FL 32818 THE VILLAGES, FL 32162
VP	ABRAMS, DAVID	2332 ORCHARD DR 17945 SE 88th GRIMBALL AVE	APOPKA FL 32712 THE VILLAGES, FL 32162
S	DUGUETTE, LAURIE	2129 NEWVICTOR RD	OCOE FL 34761

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ABRAMS, DAVID

~~2332 ORCHARD DR~~ 17945 SE 88th GRIMBALL AVE
APOPKA FL 32712 THE VILLAGES FL 32162

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

DAVID ABRAMS
SIGNATURE REQUIRED

Date 12/11/03

REGISTERED AGENT MUST SIGN

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)(l), 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:

DAVID ABRAMS
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/11/03

Date

(352) 753-7972

Daytime Phone #

CR2E040 (7/03)