

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

12 NOV 13 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S27690

1. Corporation Name

VISTA VILLAGE NORTH, INC.

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

7662 131ST ST. NO.

Suite, Apt. #, etc.

3. Mailing Office Address

7662 131ST ST. NO.

Suite, Apt. #, etc.

City & State

SEMINOLE FL

City & State

SEMINOLE FL

Zip

33772

Country

USA

Zip

33772

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

01/28/1991

5. FEI Number

593047322

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

PAUL R. STRAUBINGER

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

7662-131ST ST. NO.,

Suite, Apt. #, Etc.

City

SEMINOLE

State

FL

Zip Code

33776

200241669422
11/09/12--01024--003 **1050.00

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

X

Paul R. Straubinger

Date 10-22-2012

REGISTERED AGENT MUST SIGN

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
D	PAUL R. STRAUBINGER	7662-131st St. No	Seminole FL 33776

REINSTATEMENT

NOV 13 2012

R. HUNT

10. E-mail Address: karen@dhstc.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 607.0401 or 617.0401, 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

Paul R. Straubinger

10-22-2012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #