



## Idaho Corporation Reinstatement Form

File online at: [sos.idaho.gov](http://sos.idaho.gov)

**Reinstatement fee: \$30.00.**

Return completed form to:

Idaho Secretary of State  
Attn: Reinstatements  
450 North 4th Street  
Boise, ID 83720  
Phone: (208) 334-2300

**SOS Control Number:** 547581

**Filing Status:** Inactive-Dissolved

Non-Profit Corporation (D)

**Date Formed:** 12/05/2008

**Formation Locale:** ID

**Name and Mailing Address:**

DESTINATION POINTE HOMEOWNERS' ASSOCIATION, INC.

4105 HIDDEN LAKES DRIVE

KIMBERLY, ID 83341

(1) Add or Change Mailing Address:

Destination Pointe Homeowners  
Assoc. Inc  
P.O. Box 2219  
Twin Falls, ID 83303

**Registered Agent (RA) and Registered Office (RO) Address:**

JAMES RAY

4105 HIDDEN LAKES DRIVE

KIMBERLY, ID 83341

(2) Change RA and/or RO Address:

Brad Hyatt  
3485 E 3890 N  
Kimberly ID 83341

Note: The Registered Office address must be a physical Idaho address (no postal box).

**(3) New Registered Agent (RA) Signature:**

*Brad Hyatt*

(If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.)

**(4) Corporations:** Enter names and business addresses (with zip code) of the President, Vice President, Secretary, Treasurer.

Title	Name	Business Address	City, State, Zip
PRES.	Brad Hyatt	PO BOX 2219	TWIN FALLS ID 83303
SEC.	JAYCE HEATWOLE	PO BOX 2219	TWIN FALLS ID 83303
TREAS.	LISA BOWLIN	PO BOX 2219	TWIN FALLS ID 83303

**(5) Board of Directors names and business address (with zip code). Attach additional sheet if necessary.**

Name	Business Address	City, State, Zip

**(5) Signature:**

*Brad Hyatt*

**(6) Date:**

11/14/19

**(7) Type/Print Name:**

Brad Leon Hyatt

**(8) Title:** HOA President

**Instructions:** Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30.00. Sign and date this form and return to the address provided above.

BU357-7612 11/19/2019

Received by

State  
Lawrence  
Denev