

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE  
**CORPORATION REINSTATEMENT**  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

02 OCT -3 AM 9:25

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # 764962**

1. Corporation Name

Hidden Villas Townhomes Homeowners Association, Inc.

2. Principal Office Address

3. Mailing Office Address

37 E Bradley

PO Box 1779

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Destin, FL

Destin, FL

Zip

Country

Zip

Country

32541

US

32540-1779

US

4. Date Incorporated or Qualified To Do Business in Florida

9/10/1982

5. FEI Number

59-2428721

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

*01-02 UBR*

**7. Name and Address of Current Registered Agent**

Name

Newman-Dailey Resort Properties, Inc

C/O Loretta Smith

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

12815 Hwy. 98 W

700008602817

Suite, Apt. #, Etc.

Suite 100

10/25/02--01121--033 \*\*122.50

City

Destin

State

FL

Zip Code

32541

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

*Loretta Smith, CAM*

REGISTERED AGENT MUST SIGN

Date

9/7/02

**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
PD	Anne Hornstein	37 E Bradley Unit 11	Destin, FL 32541
VPD	Gail Stewart	37 E Bradley Unit 11	Destin, FL 32541
<del>XD</del>	Michelle Marcotte	37 E Bradley Unit 11	Destin, FL 32541
<del>STD</del>	Michelle Jost	109 Lake Pointe Drive	Warner Robbins, GA 31088
D	Scott Davis	106 Perry Street	Centerville, TN 37033

10. 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:

*Anne Hornstein*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/30/02

Date

Daytime Phone #