

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 AUG 10 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000001601

1. Corporation Name

Shaddock Estates Home Owners Association, Inc.

900038850939
07/08/04--01004--008 **236.25

2. Principal Office Address

304 E. Park St.

Suite, Apt. #, etc.

3. Mailing Office Address

304 E. Park St.

Suite, Apt. #, etc.

City & State

Auburndale, FL

City & State

Auburndale, FL

Zip

33823

Country

USA

Zip

33823

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/5/01

5. FEI Number

59-3707354

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

Barry W. Bennett

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

60 Second St. SE

Suite, Apt. #, Etc.

City

Winter Haven

State

FL

Zip Code

33880

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

8/3/04

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
DP	Dean Faulks	760 W 101 ST. STE 218	Bloomington, MN 55438
DS	Judy Williams	902 Flag CT	Auburndale, FL 33823
DV	Charles Kindred	143 Harbor Way	Auburndale, FL 33823
T	John P. Summers	304 Park St.	Auburndale, FL 33823

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)(f), 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-29-04

Daytime Phone #

CR2E081 (01/04)