PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 AUG 10 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N10613

1. Corporation Name
HONEY LAKE HOMEOWNERS ASSOCIATION

REINSTATEMENT 99-00

2. Principal Office Address	**3.** Mailing Office Address
1031 SW 135th Way	1031 SW 135th Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DAVIE Florida	City & State: DAVIE Florida
Zip: 33325 Country: BROWARD	Zip: 33325 Country: BROWARD

4. Date Incorporated or Qualified To Do Business in Florida: 8-8-1995

5. FEI Number: 65-011-6328 — 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: SAM DUBE' (PRESIDENT)

100003372391--6
-08/24/00--01090--028
****306.25 ****306.25

Street Address (P.O. Box Number is Not Acceptable): 1031 SW 135th Way

Suite, Apt. #, Etc.:

City: DAVIE State: FL Zip Code: 33325

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: _____ Date: August 7, 2000
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
PRES	SAM DUBE'	1031 SW 135th Way	DAVIE, Fla, 33325
V. PRES	GENE MYNATT	13621 SW 9th ct	DAVIE, Fla, 33325
TRES	HEATHER CRAIG	950 SW 135th Way	DAVIE, Fla, 33325
SECR	LORI DUBE'	1031 SW 135th Way	DAVIE, Fla, 33325
DIR	JOHN SIMON	13521 SW 10th place	DAVIE, Fla, 33325
DIR	JIM REBSTOCK	13570 SW 10th place	DAVIE, Fla, 33325

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: _____ August 7, 2000 (954) 452-4685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #