

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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**REINSTATEMENT 99-00**

**DOCUMENT #** N20339

**1. Corporation Name** Hickory Hill at Huckleberry One Homeowners Association, Inc.

**2. Principal Office Address**  
100 E. Sybelia Avenue

Suite; Apt. #, etc.  
Suite 130

City & State  
Maitland, FL

Zip  
32751

Country  
Orange

**3. Mailing Office Address**  
100 E. Sybelia Avenue

Suite; Apt. #, etc.  
Suite 130

City & State  
Maitland, FL

Zip  
32751

Country  
Orange

**4. Date Incorporated or Qualified To Do Business in Florida** April 27, 1987

**5. FEI Number** 59-2908590

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** Keith R. Kiebzak c/o KL Management Group, Inc.

**Street Address (P.O. Box Number is Not Acceptable)**  
100 E. Sybelia Avenue

**Suite; Apt. #, Etc.**  
Suite 130

**City** Maitland

**State** FL

**Zip Code** 32751

**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

REGISTERED AGENT MUST SIGN

Date May 9, 2000

**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
P/D	Hélène L. Poulin	100 E. Sybelia Ave. #130	Maitland, FL 32751
V/D	Russell L. Martin	100 E. Sybelia Ave. #130	Maitland, FL 32751
S/T/D	Andrew J. Henry	100 E. Sybelia Ave. #130	Maitland, FL 32751

**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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/00 407-740-8081  
Date Daytime Phone #

CR2E081 (9/99)