
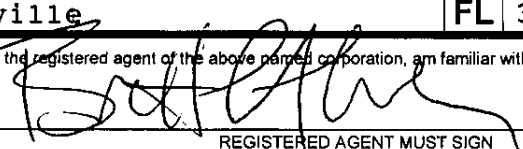
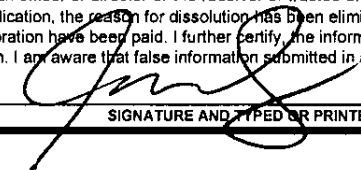


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 11 OCT -7 PM 4:17 CLERK OF THE COURT JANUARY 1, 1998	
DOCUMENT # <u>N37611</u>					
1. Corporation Name THE HAMPTON GLEN AT DEERWOOD ASSOCIATION, INC.					
2. Principal Office Address - No P.O. Box # 8515 Hampton Ridge Boulevard Suite, Apt. #, etc.		3. Mailing Office Address 8515 Hampton Ridge Boulevard Suite, Apt. #, etc.			
City & State Jacksonville, FL		City & State Jacksonville, FL			
Zip 32256	Country USA	Zip 32256	Country USA		
4. Date Incorporated or Qualified To Do Business in Florida April 12, 1990					
5. FEI Number 59-3020967					<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					\$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent					
Name TOMCHIN & ODOM, P.A.					
Street Address (P.O. Box Number is Not Acceptable) 6816 Southpoint Parkway					
Suite, Apt. #, Etc. Suite 400					
City Jacksonville		State FL	Zip Code 32216		
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 9-28-11	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
P	Ted Mello	8700 Southern Glen Dr.		Jacksonville, FL 32256	
V	Donny Lamey	8613 Hunters Creek Dr.		Jacksonville, FL 32256	
T	James Moody	8641 Autumn Green Dr.		Jacksonville, FL 32256	
S	Sue Karn	10255 Heather Glen Dr.		Jacksonville, FL 32256	
10. E-mail Address: <u>hampton66648@bellsouth.net</u> (To be used for future annual report notification)					
11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.					
SIGNATURE: 		James Moody		Date 9/29/11	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

REINSTATEMENT 10/7

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