

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 99 DEC 27 PM 2:34
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N39020**

1. Corporation Name
 Hidden Hammock Property Owners Association, Inc.

Principal Place of Business: Highway 80 West, Alva, FL 33920
 Mailing Address: P.O. Box 8, Alva, FL 33920

REINSTATEMENT 94-99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 21141 PALM BEACH BLVD	3. New Mailing Office Address, If Applicable P.O. BOX 8	4. Date Incorporated or Qualified To Do Business in Florida 07/05/1990	5. FEI Number 65-0253765	Applied For <input type="checkbox"/>
Suite, Apt. #, etc.	Suite, Apt. #, etc.			Not Applicable <input type="checkbox"/>
City & State Alva, FL	City & State Alva, FL			
Zip 33920	Country USA	Zip 33920	Country USA	6. CERTIFICATE OF STATUS DESIRED L

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	David Greer	5765 Hidden Hammock Drive	LaBelle, FL 33935
V/D	George Austin	21141 Palm Beach Blvd.	Alva, FL 33920
S/D	Cary Marmion	5753 Hidden Hammock Drive	LaBelle, FL 33935
			***542.50 ***542.50

8. Name and Address of Current Registered Agent John Jay Watkins, Esquire 150 South Main Street LaBelle, FL 33935	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent: *[Signature]* Date: **12/20/99**
 REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]* 12/14/99 863-675-4424
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #