


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS	<h1 style="font-size: 2em;">FILED</h1> <p>97 NOV 19 AM 8:00</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>
--	---	---	--

DOCUMENT # N93000004431

1. Corporation Name
HUNTER GLEN HOMEOWNERS ASSOCIATION, INC

Mailing Address
P.O. Box 934664

Principal Place of Business
MARGATE, FL 33093

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

REINSTATEMENT

96-97

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida <u>9/30/1993</u>	Applied For
5. FEI Number <u>65-0440045</u>	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

\$8.75 Additional Fee required for a Certificate of Status

2. New Mailing Address, If Applicable	3. New Principal Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

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

1	2	3	4
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
D	DENISE MASON	1217 Scioto Rd	N. Land FL 33068
D	Melinda Powers	1215 Scioto Rd	N Land, FLA 33068
D	Samantha M. Piker	1316 E Glen Oak Rd	N Land FL 33068
D	Beverly Nicholson	1203 Scioto Rd	N. Land FL 33068

600002353-65-045
-11/20/97-10/27/98
****297.50 ****297.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
WILLIAM J KASKE

Street Address (P.O. Box Number is Not Acceptable)
7209 NW 73 AVE

Suite, Apt. #, Etc.

City
TAMPA

State
FL

Zip Code
33321

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 William J Kaske REGISTERED AGENT MUST SIGN Date 9/30/97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: Denise Mason SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-30-97 Daytime Phone # 954-969-2613

CPE040 (6/94)