

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

98 APR -3 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N9500000 5624

1. Corporation Name
Hidden Harbor Estates Homeowners' Assn., Inc.

Principal Place of Business Mailing Address
1234 Airport Rd # 119
Destin, FL 32541

600002482006-- 4
-04/08/98--01013--001
****297.50 ****297.50

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/29/95	
City & State		City & State		5. FEI Number <input checked="" type="checkbox"/> Applied For applied for <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D Pres	Jan Moore	80 Hidden Harbor Lane Destin, FL 32541	Destin, FL 32541
D Vice Pres	Lisa Hodgkinson	40 Hidden Harbor Lane	Destin, FL 32541
D Treas	Gary Brielmeyer	52 Hidden Harbor Lane	Destin, FL 32541
REINSTATEMENT 97-98			
<i>G. Moore</i>			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Gary Brielmeyer 52 Hidden Harbor Lane Destin, FL 32541		Name 4/3/98 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	

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]* REGISTERED AGENT MUST SIGN Date 3/31/98

11. This corporation owes or has paid 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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]* GARY BRIELMEYER Date 3/31/98 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR26040 (1-98)