

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 OCT -2 AM 8:22

DOCUMENT # **N98000006429**

1. Corporation Name

THE HUNTER'S RIDGE OF OSCEOLA HOMEOWNER'S ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
100002182511--8
-10/03/02--01021--025
****297.50 ****297.50

REINSTATEMENT *01-02*

2. Principal Office Address

1610 E. Vine Street

Suite, Apt. #, etc.

3. Mailing Office Address

717 E. Oak Street

Suite, Apt. #, etc.

City & State

Kissimmee, FL

City & State

Kissimmee, FL

Zip

34744

Country

USA

Zip

34744

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/09/98

5. FEI Number

593078541

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

Harry J. Swart, CPA

Street Address (P.O. Box Number is Not Acceptable)

717 E. Oak Street

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34744

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 **9/30/02**

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
D,P	Webb, Tim	1610 E. Vine Street	Kissimmee, FL 34744
D,VP	Taliento, Mark	1610 E. Vine Street	Kissimmee, FL 34744
D,T	Miller, Kristi	1610 E. Vine Street	Kissimmee, FL 34744
D, S	Polkey, Laura	1610 E. Vine Street	Kissimmee, FL 34744

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

Mark Taliento

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/30/02

Date

407-832-5233

Daytime Phone #

CR2E081 (9/00)