

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JAN 31 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01/31/03--01075--008 **61.25

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000006429

1. Corporation Name
THE HUNTERS RIDGE OF OSCEOLA HOMEOWNERS ASSOCIATION, INC.

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**

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

Applied For
Not Applicable

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 *[Signature]* Date **1/22/03**

REGISTERED AGENT MUST SIGN

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.	JOSEPH C. POLKEY	1610 E. VINE STREET	KISSIMMEE, FL 34744
DVP	ROY KIRKLAND	1610 E. VINE STREET	KISSIMMEE, FL 34744
DT	MELANIE KIRKLAND	1610 E. VINE STREET	KISSIMMEE, FL 34744
D.S	LAURA A. POLKEY	1610 E. VINE STREET	KISSIMMEE, FL 34744
Director	MARK TALIENTO	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: *[Signature]* 1-22-03 407-832-5233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1/22/03 10:11