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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 APR 25 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000004131

1. Corporation Name

HILLCREST HOMES OF LAKE DAVENPORT
HOMEOWNERS ASSOCIATION, INC.

2. Principal Office Address

80-30 164th St.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Hillcrest NY

City & State

Zip

Country

11432

4. Date Incorporated or Qualified
To Do Business in Florida

7/8/99

5. FEI Number

59 3592199

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

GERALD H. GREEN, ESQ

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

7380 CLUNIE PLACE

Suite, Apt. #, Etc.

DELRAY BEACH

City

State

FL

Zip Code

33446

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]
REGISTERED AGENT MUST SIGN

Date

4/24/02

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
P	CHITRAKIA MOSES	107 MILLER AVE.	BROOKLYN, NY 11207
VP	VERONICA WALCOTT	2579 FLINT AVE.	BRONX, NY 10475
T	DORIAN CROSS	57 St. Paul Place	Mt Vernon, NY 10550
SD	CARMEN FACCIO	8264 51st AVE.	Elmhurst, NY 11373
D	LUZ RODRIGUEZ	8264 51st AVE	Elmhurst, NY 11373
D	Millicent Forbes	229-27 Edgewood Ave.	Springfield Gardens, NY 11413

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02
Date

718-380-9503
Daytime Phone #

CR2E081 (9/01)

**SEE ATTACHED

HILLCREST HOMES OF LAKE DAVENPORT HOMEOWNERS ASSOCIATION, INC.

OFFICERS AND DIRECTORS (CONT'D)

D	Jacqueline Henriquez	1235 Longfellow Ave.	Teaneck, NJ 07666
D	Mitchell Walker	13636 244 th Street	Rosedale, NY 11422
D	Gerald H. Green	80-36 164 th Street	Hillcrest, NY 11432

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ACCOUNT NO. : 072100000032

REFERENCE : 548878 11812A

AUTHORIZATION : *Patricia Pyzdek*

COST LIMIT : \$ 297.50

ORDER DATE : April 25, 2002

ORDER TIME : 10:54 AM

ORDER NO. : 548878-005

CUSTOMER NO: 11812A

CUSTOMER: Berry J. Walker, Jr., Esq
Walker And Tudhope, P.a.
Suite 216
235 Maitland Avenue South
Maitland, FL 32751

DOMESTIC FILINGS

NAME: HILLCREST HOMES OF LAKE
DAVENPORT HOMEOWNERS
ASSOCIATION, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS _____

RECEIVED
02 APR 25 AM 11:37
DIVISION OF CORPORATION