


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 AUG 10 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000001601
1. Corporation Name
Shaddock Estates Home Owners Association, Inc.

2. Principal Office Address 304 E. Park St. Suite, Apt. #, etc.		3. Mailing Office Address 304 E. Park St. Suite, Apt. #, etc.	
City & State Auburndale, FL		City & State Auburndale, FL	
Zip 33823	Country USA	Zip 33823	Country USA

900038850939
07/08/04--01004--008 **236.25

4. Date Incorporated or Qualified To Do Business in Florida 3/5/01

5. FEI Number 59-3707354 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
Barry W. Bennett

Street Address (P.O. Box Number is Not Acceptable)
60 Second St. SE

Suite, Apt. #, Etc.

City
Winter Haven

State
FL

Zip Code
33880

000040046690
08/10/04--01052--012 **61.25

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 8/3/04

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
DP	Dean Faulks	760 W 101 ST. STE 218	Bloomington, MN 55438
DS	Judy Williams	902 Flag CT	Auburndale, FL 33823
DV	Charles Kindred	143 Harbor Way	Auburndale, FL 33823
T	John P. Summers	304 Park St.	Auburndale, FL 33823

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)(f), 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 Date 6-29-04 Daytime Phone #

CR2E081 (01/04)