FILED

2017 APR 27 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16295

1. Corporation Name

THE Hills of Welleby HOA

Consolidated Community Management Consolidated Community Management

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
7124 N. Nob Hill RD	7124 N. Nob Hill RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tamarac	City & State: Tamarac FL
Zip: 33321 Country:	Zip: 33321 Country: US

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0033042 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee required for Certified Copy or Certificate of Status

7. Name and Address of Current Registered Agent

Name: Jennings and Valancy

Street Address (P.O. Box Number is Not Acceptable): 311 SE 13th ST.

Suite, Apt. #, Etc.

City: FT. Lauderdale State: FL Zip Code: 33316

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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: 04-04-17

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
Pres	Diana Evans	9713 NW 42 St	Sunrise FL 33351
Sec	Ruben Rivera	4120 NW 98 Ave	Sunrise FL 33351
Dir	Keith Shaver	4272 NW 98 Terr	Sunrise, FL 33351

10. E-mail Address: mbithhoffer@CCMFLA.com
(To be used for future annual report notifications)

11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [signature] 04/13/2017
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR MANAGER OR DIRECTOR Date Daytime Phone #

MAY 01 2017

C. CARROTHERS