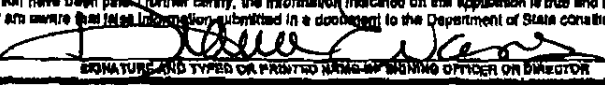


FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2017 APR 27 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>N16295</u>			
1. Corporation Name <u>THE Hills of Welleby HOA</u>			
<u>Consolidated Community Management</u> <u>Consolidated Community Management, Inc.</u>			
2. Principal Office Address - No P.O. Box # <u>7124 N. NOB HILL RD</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>7124 N. NOB HILL RD</u> Suite, Apt. #, etc.	
City & State <u>TAMPA FL</u>		City & State <u>TAMPA FL</u>	
Zip <u>33321</u>	Country <u>US</u>	Zip <u>33321</u>	Country <u>US</u>
4. Date Incorporated or Qualified To Do Business in Florida		5. FSI Number <u>65-0033042</u>	
6. CERTIFICATE OF STATUS DESIRED ☐		Applied For ☐ Not Applicable	
7. Name and Address of Current Registered Agent			
Name <u>JENNINGS AND VALANCY</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>311 SE 13th ST.</u>			
Suite, Apt. #, Etc.			
City <u>FT. LAUDERDALE</u>		State <u>FL</u>	Zip Code <u>33316</u>
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0603 or 817.0603, F.S.			
Signature of Registered Agent 		Date <u>04-04-17</u>	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 2 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	<u>DIANA EVANS</u>	<u>9713 NW 42nd</u>	<u>SUNRISE FL 33351</u>
SEC	<u>RUBEN RIVERA</u>	<u>4120 NW 98 Ave</u>	<u>SUNRISE, FL 33351</u>
DIR	<u>Keith Shaver</u>	<u>4222 NW 98 Terr</u>	<u>SUNRISE, FL 33351</u>
10. E-mail Address: <u>mblithaffer@CCMFIA.com</u> (To be used for future notices/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 807 or 817, 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 807.0401 or 817.0401, 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.817.154, F.S.			
SIGNATURE: 		Date <u>04/13/2017</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

MAY 01 2017

C. CARROTHERS