PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE Sandra B. Mortham EPORT Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 96 OCT -7 PM 2: 44 721496 **DOCUMENT #** SECRETARY OF STATE 1. Corporation Name TATTAHASSEE FLORIDA HIDDEN LAKE HOMEOWNERS ASSOCIATION, INC. Mailing Address Principal Place of Business 770 W. 80 ST. 770 W. 80 ST. HIALEAH FL 33014 HIALEAH FL 33014 If above addresses are incorrect in any way, line through incorrect information and enter correction below. Date Incorporated or Qualified
To Do Business in Florida 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable 08/10/1971 Suite, Apt. #, etc. Sulte, Apt. #, etc. 5. FEI Number Applied For -APPLIED TOR City & State Not Applicable City & State 6. \$8.75 Additional Fee required Country Country Zip CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip Title(s) 655 W. 77 ST. HIALEAH FL PD MARTINEZ, ALEX HIALEAH FL 33014 VIDAL, LEONARD 7860 W. 6TH AVE VD HIALEAH FL 33014 7800 W. 6TH AVE. TOLEDO, MARIA E SD HIALEAH FL 33014 RODRIGUEZ, BERTHA 770 W. 80 ST. TD 23/16 administrative dissolution 400001967714 9. Name and Address 8. Name and Address of Current Registered Agent LONGER) Street Address (P 70 Zip Code City poration, am familiar with and accept the obligations of Section 607.0505, F.S. 10. I, being appointed the registered agent of the above named & Signature of Registered Agent REGISTERED AGENT MUST SIG 11. Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. Yes I 12. 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 filling 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 owned 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: ER OR DIBECTOR

0020157