


#971-25
8-75

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 AUG -4 PM 2: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **757566**
1. Corporation Name
HORSE CREEK ACRES OWNERS ASSOCIATION, INC.

REINSTATEMENT 94-06

2. Principal Office Address
7518 SW Horse Creek Rd

3. Mailing Office Address
7518 SW Horse Creek Rd

Suite, Apt. #, etc.

City & State
ARCADIA FL

City & State
ARCADIA FL

Zip Country
34266 USA

Zip Country
34266 USA

4. Date Incorporated or Qualified To Do Business in Florida
4/14/81

5. FEI Number
14-1970085

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name
Sandra Sanders, PA

Street Address (P.O. Box Number is Not Acceptable)
203 W. OAK ST.

Suite, Apt. #, Etc.

City
ARCADIA

State
FL

Zip Code
34266

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 *John A. [Signature]* Date **7/20/06**

REGISTERED AGENT MUST SIGN

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
S/T	Staine S. McCall	7518 SW Horse Creek Rd	ARCADIA FL 34266
D	Nathan Duane Crosby	7741 SW Horse Creek Rd	ARCADIA, FL 34266
D	Edgar Haldeman	8056 SW Horse Creek Rd	ARCADIA, FL 34266
D	Vicki Anthony	8340 SW Horse Creek Rd	ARCADIA, FL 34266
D	Randy Hopkins	7912 SW Horse Creek Rd	ARCADIA, FL 34266

08/15/06--01029--006 ***980.00

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 contained in Chapter 119, 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: *Staine S. McCall* Date **863-990-5456**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #