


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> 770570			
1. Corporation Name  Henry Clay Townhouses Homeowners Association, Inc.			
2. Principal Office Address - No P.O. Box # 1210 7th Street Suite, Apt. #, etc.		3. Mailing Office Address 108 Sassafras Drive Suite, Apt. #, etc.	
City & State Clermont, FL Zip 34711 Country USA		City & State Taylors, SC Zip 29687 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 10/4/1983		5. FEI Number 59-0362469 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 Jane S. Williamson Street Address (P.O. Box Number is Not Acceptable) 1210 7th Street Suite, Apt. #, Etc. City Clermont State FL Zip Code 34711			
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 <u>Jane S. Williamson</u> Date <u>June 4, 2016</u> 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
P	Jane S. Williamson	1210 7th Street	Clermont, FL 34711
VP	Jon Tremblay	1204 7th Street	Clermont, FL 34711
D	Deborah K. Harris	10412 Lakeshore Drive	Clermont, FL 34711
REINSTATEMENT 2003 - 2010			S. HAWKES - 9 AM EXAMINER
10. E-mail Address: JSW108@AOL.COM (To be used for future annual report notification)			
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: <u>Jane S. Williamson</u> <u>Jane S. Williamson</u> June 4, 2016 864-630-1907 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			