

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 AUG -3 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **770707**

1. Corp **The Arbors At Hidden Lake
Homeowner Association Inc.
P.O. Box 951598
Lake Mary, Fl. 32795-1598**

INC.

2. Principal Office Address

**131 Hidden Arbor Ct
Suite, Apt. #, etc.**

3. Mailing Office Address

**P.O. Box 951598
Suite, Apt. #, etc.**

3/19/01 90480 017-6125

City & State

Fl Sanford

City & State

LAKE MARY Fl

4. Date Incorporated or Qualified To Do Business in Florida

9/28/83

5. FEI Number

770707

Applied For

Not Applicable

Zip

Country

Zip

Country

32773

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

FLORENCE M CARUSO

Street Address (P.O. Box Number is Not Acceptable)

131 Hidden Arbor Ct

Suite, Apt. #, Etc.

800004533928-2

-08/14/01--01040--013

*****175.00 ***175.00**

City

Sanford Fl

REINSTATEMENT 2010

State

Zip Code

FL

32773

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

Florence M Caruso

Date

7/20/01

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
PRES	John Mansker	545 LAKE Shore Cir	LAKE MARY Fl 32746
V.P	Howard Teicher	121 Hidden Arbor Ct	SANFORD Fl 32773
Sec/Treas	FLORENCE M CARUSO	131 Hidden Arbor Ct	SANFORD Fl 32773
DIRECTOR	DEANNA HAMRICK	129 E Good Hart	LAKE MARY Fl
DIRECTOR	MARGIT ROBERTS	215 Hidden Arbor Ct	SANFORD Fl 32773
DIRECTOR	Richard FESS	106 Pine Circle Dr	LAKE MARY Fl 32746

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 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:

Florence M Caruso

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/01

Date

407-324-5911

Daytime Phone #

CR2E081 (9/00)