

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.

City & State

71 Sanford

City & State

LAKE MARY 71

Zip

32773

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9/28/83

5. FEI Number

770707

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

FLORENCE M CARUSO

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

131 Hidden Arbor Ct

Suite, Apt. #, Etc.

City

Sanford 71

300004533928-2

-08/14/01--01040--083

****175.00 ****175.00

REINSTATEMENT

2010

State

FL

Zip Code

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 71 32773
Sec/Treas	FLORENCE M CARUSO	131 Hidden Arbor Ct	Sanford 71 32773
DIRECTOR	DEANNA HAMRICK	129 E Good Hart	LAKE MARY 71
DIRECTOR	MARGIT ROBERTS	215 Hidden Arbor Ct	Sanford 71 32773
DIRECTOR	Richard FESS	106 Pine Circle Dr	LAKE MARY 71 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)