

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
CLERK OF STATE  
DIVISION OF CORPORATION

04 MAR 25 PM 1:50

DOCUMENT # N00000002224

**1. Corporation Name**

Hiawatha Farms Homeowner's Association, Inc.

REINSTATEMENT 03-04

**2. Principal Office Address**

3116 Capital Circle N.E.

Suite, Apt. #, etc.

Suite 5

City & State

Tallahassee, Florida

Zip

32308

Country

Leon

**3. Mailing Office Address**

3116 Capital Circle N.E.

Suite, Apt. #, etc.

Suite 5

City & State

Tallahassee, Florida

Zip

32308

Country

Leon

**4. Date Incorporated or Qualified  
To Do Business in Florida**

4/4/2000

**5. FEI Number**

010755836

☒ 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

Sonya Daws

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

3116 Capital Circle N.E.

Suite, Apt. #, Etc.

Suite 5

City

Tallahassee

State

FL

Zip Code

32308

**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

REGISTERED AGENT MUST SIGN

Date

2/4/04

**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
D	William Jeffrey Ard	6001 Veterans Memorial Hwy	Tallahassee, FL 32309
VPD	Lisa C. Ard	6001 Veterans Memorial Hwy	Tallahassee, Florida 32309
SD	Sonya Daws	3116 Capital Circle N.E., #5,	Tallahassee, FL 32308

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sonya Daws Sonya K. Daws 2/4/04 (850) 668-5246

CR2E081 (10/02)