

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 24 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000605426

1. Corporation Name

HAMPTON ESTATES VILLAGE 4
NEIGHBORHOOD ASSOC., INC.

2. Principal Office Address

498 PALM SPRINGS DRIVE

Suite, Apt. #, etc.

SUITE 235

City & State

ALTAMONTE SPRINGS, FL

Zip

32701

Country

USA

3. Mailing Office Address

498 PALM SPRINGS DRIVE

Suite, Apt. #, etc.

SUITE 235

City & State

ALTAMONTE SPRINGS, FL

Zip

32701

Country

USA

100037055391
05/24/04--01097--011 **481.25

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

6-1-04

5. FEI Number

☒ 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

JAMES W. BOYLE

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

498 PALM SPRINGS DRIVE

Suite, Apt. #, Etc.

SUITE 235

City

ALTAMONTE SPRINGS, FL

State

FL

Zip Code

32701

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

5/21/04

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
<u>PRES.</u>	<u>LAWRENCE M. SHEELER</u>	<u>385 DOUGLAS AVE STE 2000</u>	<u>ALTAMONTE SPRINGS, FL 32714</u>
<u>VP</u>	<u>BRETT LUNDEQUAM</u>	<u>385 DOUGLAS AVE STE 2000</u>	<u>ALTAMONTE SPRINGS, FL 32714</u>
<u>Secy/Treas</u>	<u>DEBBIE RIGGS</u>	<u>385 DOUGLAS AVE STE 2000</u>	<u>ALTAMONTE SPRINGS, FL 32714</u>

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:

Lawrence M. Sheeler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/21/04

Daytime Phone #

407-838-4633

CR20081 (01/04)