

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAR 26 AM 11:04

DOCUMENT # h000000006868

1. Corporation Name

Haymeadow Hammock Homeowners Association

2. Principal Office Address - No P.O. Box #

5920 Willard Norris Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

5920 Willard Norris Rd.

Suite, Apt. #, etc.

City & State

Milton, FL.

City & State

Milton, FL.

Zip

32570

Country

Santa Rosa

Zip

32570

Country

Santa Rosa

100172441861
03/17/10--01039--007 **376.25
CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

10/16/2000

5. FEI Number

593679003

☐ 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

Kyle S. Holley

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

5920 Willard Norris Rd.

Suite, Apt. #, Etc.

City

Milton

State

FL

Zip Code

32570

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Kyle S. Holley
REGISTERED AGENT MUST SIGN

Date

3/15/10

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
DPS T	KYLE S. HOLLEY	5920 WILLARD NORRIS RD	MILTON / FL. / 32570
D	JOHN C HOLLEY III	5920 WILLARD NORRIS RD	MILTON / FL. / 32570
D	DAVID C. HOLLEY	5920 WILLARD NORRIS RD	MILTON / FL. / 32570

REINSTATEMENT 05-10

10. E-mail Address: gotuffygo@yahoo.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., 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.

SIGNATURE:

Kyle S. Holley

KYLE S. HOLLEY

3/15/10

Date

Daytime Phone #

(850) 712-8788