PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State	FILED 05 MAR 28 AM 10: 47
	DIVISION OF CORPORATIONS	
DOCUMENT # NO/00000081		SECRETARY OF STATE ALLAHASSEE, FLORIDA
1. Corporation Name Hopkins Crossing Insperty Dwars Association		
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		900049912139 04/05/0501036011 **183.75
2. Principal Office Address /601 Belveder Road	3. Mailing Office Address	05/09/02 90030 026 61.
Suite, Apt. #, etc. Suite 407 South	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 12-28-7-2000 =
West Palm Beach, Fr.	City & State	5. FEI Number Applied For
Zip 33406 Polm Brach	Zip Country	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Paul Mapes		
Street Address (P.O. Box Number is Not Acceptable) 160/ Belve dere Road, Suite 407 South		
Suite, Apt. #, Etc.		
City West Palm Beach State State Sip Code 1 1 JC 018		
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 Date 3/21/2005		
Signature of Registered Agent Paul Num. Date 3/21/2005		
REGISTERED AGENT MUST SIGN		
Name of	nd/or Director (Florida nonprofit corporations must list at le Street Address of Eac	.
Titles Officers and/or Director	s Officer and/or Directo	
P.D- Gail Asarch	1601 Belvadere 1	Nes 12 FL: 33406
V.D Richard Strans	255 Ralston Av	7 94941
5.D Robin Nickles	do Lones Home L Highway 168 East	ental North Wilkes bord NC 28659
T Paul Mapes	1601 Belvedere 1 Sinte 407 Sou	lond west from Bunchs
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: 3/21/05 561 689 660)		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

Hopkins Crossing Property Owners Association, Inc.

1601 Belvedere Road, Suite 407 South, West Palm Beach, FL 33406 (561) 689-6601 Fax (561) 689-2271

March 21, 2005

Department of State Division of Corporations P.O Box 6327 Tallahassee, Fl. 32314

Dear Sir,

Hopkins Crossing Property Owners' Association, Inc Tax ID # 20-2529110 Document # N01000000081

Enclosed please find Corporate Reinstatement for Hopkins Crossing Property Owners Association, Inc. together with a check for \$183.75 representing non profit filing fees for years 2003, 2004, and 2005.

Apparently on May 15, 2002 your office sent a letter requesting the tax identification number for Hopkins Crossing Property Owners Association, Inc. We have no record of receiving this letter and as a result we did not respond to your question. Consequently the address, officer and registered agent, changes we requested in the 2002 Annual Report were not entered into your database and Annual Reports for subsequent years were not mailed to the new address. The 2002 annual fee of \$61.25 was deposited by the Florida Department of State.

In view of the special circumstances, including the fact this is a non profit organization, we respectfully request you consider waiving the \$175.00 corporate reinstatement fee for Hopkins Crossing Property Owners Association, Inc.

Thanking you in anticipation for your time and consideration.—- - -

Yours truly,

Paul Mapes.

Paul Nhn.

Registered Agent and Chief Financial Officer

cc. Heather Richmond, Arny Swedenborg