

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 31 PM 12:09

DOCUMENT # **N01000001773**

1. Corporation Name
HOA COMMUNITY DEVELOPMENT CORPORATION, INC.

Principal Place of Business 501 E. TENNESSEE ST. TALLAHASSEE FL	Mailing Address 501 E. TENNESSEE ST. TALLAHASSEE FL
---	---



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc. E	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	03/14/2001
5. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	COLEY, DEMETRIUS A	2415 OLD ST. AUGUSTINE RD. #1214	TALLAHASSEE FL 32301
D	COLEY, ELICIA A	2415 OLD ST. AUGUSTINE RD. #1214	TALLAHASSEE FL 32301
D	ROSS, HAROLD	183 COTILLION CIR.	TALLAHASSEE FL 32312
D	ROSS, SHIRLEY	183 COTILLION CIR.	TALLAHASSEE FL 32312
D	COLEY, GEORGIA M	2000 N. MERIDIAN RD. #290	TALLAHASSEE FL 32303
D	GERALD, TANGALA	7985 COUNTRY RD.	CALVARY GA

8. Name and Address of Current Registered Agent
**COLEY, DEMETRIUS A
501 E. TENNESSEE ST.
TALLAHASSEE FL**

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 400010133544
Suite, Apt. #, Etc. 01715703--01066--012 #122.50
City
State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent *[Signature]* **SIGNATURE REQUIRED** Date **12/31/02**
REGISTERED AGENT MUST SIGN

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), 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.

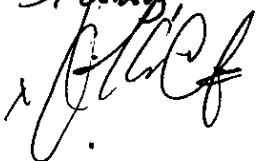
SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** **DEMETRIUS A. COLEY** Date **12/31/02** Daytime Phone # **(850) 222-0944**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/02)

12/31/02

TO WHOM IT MAY CONCERN:

WE, THE HOA CDC, ASK THAT YOU WAIVE THE RE-INSTATEMENT FEE FOR OUR CORPORATION. REASON BEING, WE DID NOT RECEIVE ANY NOTIFICATION TO RENEW. IF YOU HAVE ANY QUESTIONS, PLEASE CALL ME AT (850) 222-0994.

Sincerely,


DONATUS A. CORTAZ,
PRES. & CEO