

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 28 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000007041

1. Corporation Name

HAMPTON PARK NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~300 REEVES COURT~~
~~ORLANDO FL 32801~~

~~300 REEVES COURT~~
~~ORLANDO FL 32801~~

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

2. New Principal Office Address, If Applicable

425 W. Colonial Dr.

Suite, Apt. #, etc.

Suite 301

City & State

Orlando, FL

Zip 32804 Country Orange

3. New Mailing Office Address, If Applicable

425 W. Colonial Dr.

Suite, Apt. #, etc.

Suite 301

City & State

Orlando, FL

Zip 32804 Country Orange

4. Date Incorporated or Qualified
To Do Business in Florida

10/04/2001

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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
EXD	BRYANT, VIVIAN	300 REEVES COURT	ORLANDO FL 32801
D	BURKE, ROBERT	300 REEVES COURT	ORLANDO FL 32801
D	ANDERSON, FRANK N JR.	425 WEST COLONIAL DRIVE #301	ORLANDO FL 32804
			000008620110 10/28/02--01067--008 **236.25

8. Name and Address of Current Registered Agent

GILMORE, RICARDO L ESQ.
101 EAST KENNEDY BOULEVARD
SUITE 3200
TAMPA FL 33602

9. Name and Address of New Registered Agent

Name

Frank N. Anderson, JR.

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

425 W. Colonial Dr

Suite, Apt. #, Etc.

Suite 301

City

Orlando

State

FL

Zip Code

32804

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

REGISTERED AGENT MUST SIGN

Date

10-25-02

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)(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] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-25-02

Daytime Phone #

407
425-0330

CR2E040 (8/02)