

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  
04 MAY 10 AM 8:00

DOCUMENT # **ND2000000954**

1. Corporation Name

**HAMPTON MASTER PROPERTY  
ASSOCIATION, INC.**

2. Principal Office Address

**3974 TAMPA ROAD**

3. Mailing Office Address

**3974 TAMPA ROAD**

Suite, Apt. #, etc.

**B**

Suite, Apt. #, etc.

**B**

City & State

**OLDSMAR FL**

City & State

**OLDSMAR FL**

Zip

**34677**

Country

**USA**

Zip

**34677**

Country

**USA**

**REINSTATEMENT**

**03-04**

**MRD**

4. Date Incorporated or Qualified  
To Do Business in Florida

**2/04/02**

5. FEI Number

**51-0473483**

Applied For

Not Applied

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee req  
for a Certificate of Stat

**7. Name and Address of Current Registered Agent**

Name

**JACK B. HANSON**

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

**3974 TAMPA ROAD**

Suite, Apt. #, Etc.

**B**

City

**OLDSMAR**

State  
**FL**

Zip Code

**34677**

**200035795782  
05/10/04--01026--017 \*\*306.25**

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 **4/26/04**

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
DP	ROSS A. PUZZITIELLO	1700 McMULLEN BOOTH RD	CLEARWATER 33759
D	DON CLARK	1700 McMULLEN BOOTH RD	CLEARWATER 33759
D	BARBARA H. MATHEWS	3974 TAMPA RD	OLDSMAR 34677

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/04**

Date

**7277873161**

Daytime Phone #