


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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|--------------------------------------------------|--|-----------------------------------------------------------------------------------|
| DOCUMENT # N02000006897 | |  |
| Entity Name HAYWOOD ESTATES ASSOCIATION, INC. | | |

FILED
07 SEP 28 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| Principal Place of Business 50 OLDAKER P.O. BOX 11402 FORT LAUDERDALE, FL 33339 | Mailing Address C/O OLDAKER P.O. BOX 11402 FORT LAUDERDALE, FL 33339 |
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|------------------------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

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|-----------------------------------------------------------|--------------------------------------------------------|
| REINSTATEMENT 09252007 REINSTATEMENT CR2F099 (1/07) 07 | |
| 4. FEI Number 56-2327168 | Applied For <input type="checkbox"/> Not Applicable |

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|------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent OLDAKER, ALFRED E. 285 TROPIC DRIVE LAUDERDALE BY THE SEA, FL 33308 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: ALFRED E. OLDAKER DATE: 9-25-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------|
| FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$122.50 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | Make check payable to Florida Department of State |
|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------|

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|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT OLDAKER, ALFRED E. 285 TROPIC DRIVE LAUDERDALE BY THE SEA, FL 33308 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 300110058259 09/28/07--01044--013 **61.25 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BOO, ROBERT L. 724 NE 5 AVE FORT LAUDERDALE, FL 33304 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition \$710/3 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S LICHTMAN, SARA 722 NE 5 AVE FORT LAUDERDALE, FL 33304 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

9. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALFRED E. OLDAKER DATE: 9-25-07 DAYTIME PHONE: 954-661-4481

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR