

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

10/2
FILED
09 JUN 16 AM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000007405

1. Corporation Name

Habitat Landing Homeowners Association, Inc.

2. Principal Office Address - No P.O. Box #

30320 Overseas Hwy

Suite, Apt. #, etc.

City & State

Big Pine Key, FL

Zip

33043

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

09/27/02

5. FEI Number
593764186

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robert D. Calhoun

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

30320 Overseas Hwy

Suite, Apt. #, Etc.

City

Big Pine Key

State

FL

Zip Code

33043

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 05/26/09

REGISTERED AGENT MUST SIGN

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
P	William Dominicak	P O Box 430597	Big Pine Key, FL 33043
T	Cheryl Martin	30443 Pine Way	Big Pine Key, FL 33043
S	Julianna Camp	P O Box 6294	Key West, FL 33041

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 contained in Chapter 119, 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:

William Dominicak

05/28/09

305-872-4472

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DATE: June 3, 2009
TO: Florida Dept. of State
FROM: Susan K. Miller
Operations Director, Habitat for Humanity of Key West
RE: Habitat Landing HOA reinstatement

I am requesting that the reinstatement fee of \$600 be waived for this organization due to the fact that we did not receive notification of the required update in 2007. Neither my Executive Director nor I received any correspondence, either by regular mail or by email.

We are enclosing a check in the amount of \$183.75 to cover the annual reporting fee for the past three years, 2007 – 2009.

This should bring the HOA into compliance. Further notifications should be emailed to me at opsdirector@habitatlowerkeys.org and cc'd to execdirector@habitatlowerkeys.org.

If there are any questions or concerns, please feel free to contact me at 305-684-1308.
Thank you.