	PLEASE READ	ALL INSTRUCTIONS	BEFORE C	OMPLETI	NG THIS FORM.	
APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS				
DOCUMENT # N0200007914				04 FEB 27 PM 4: 43		
1. Corporation Name HARMONY HILLS HOMEOWNERS ASSOCIATION, INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business Mailing Address						
PO BOX 947820- MAITLAND FL 32794-7820		-PO BOX 947820 -MAITLAND FL 92794-7829 -				
If above ac	ddresses are incorrect in any way, line thr	ough incorrect information and enter o	correction below.	4-18-03 90104 034 61		
2. New Prin	ncipal Office Address, If Applicable				4. Date Incorporated or Qualified To Do Business in Florida 10/15/2002	
City & State		City & State	City & State Lakeland, FL		16-1669377 Not Applicable	
Zip 33802 Country		Zip 33802 Country		6. CERTIFICATE OF STATUS DESIRED 6. S8.75 Additional Fee required for a Certificate of Status		
	and Street Addresses of Each Officer and	/or Director (Florida nonprofit corpora				
Title(s)	Name of Officers and/or Directors		eet Address of Each ficer and/or Director	l	City / State / Zip	
DP -	MORROW, SAMUEL D- ROSE B. W./S. PO BOX 947820 P.O. BOX			24314	MATTLAND FL 32794 Lakeland FL 33802	
DV	BOATWRIGHT, BEVERLY B PO BOX 947820			24314	MATTLAND FL 82794 Lakeland FL 33802	
DST	MORROW, NANCY G - Jess	e Green PO-80X 94782 0	P.O. Box.	24314	MAITLAND FL 92794 Lakeland FL 33802	
			· n			
-				4.C 03/05/	0029937374 0401012023 **61.25	
			1			
Name and Address of Current Registered Agent Name and Address of Current Registered Agent			Name 0			
MORROW, SAMUEL D 4040 GOLFSIDE DR GRI ANDO FL 32808			Street Address (P.O. Box Number is Not Acceptable) 885 Harmony H. II.5 L. D. P. Suite, Apt. #, Etc.			
			City Lakeland State Zip Code FL 33805			
10. I, being Signature o Registered	Agent	Wilson	ith and accept the ob	bligations of Sect		
	H	EGISTERED 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)(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:

BOSE B. W. Son

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/04 863 284 1714

Daytime Phone #

2/24/04 To Dept of State We Harmony Hills Homeowners Asso. Called and got the reinstatement fee waived due to the fact that we did not receive the UBB until July 2003. Here is are application for reinstatement and the 2004 Rose B. Wlom