

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #N05000010957

1. Corporation Name

The Enclave at Hoyt Terrace Homeowners Association, Inc.

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

8730 Georgia Ave.

3. Mailing Office Address

8730 Georgia Ave.

Suite, Apt. #, etc.

Suite 500

Suite, Apt. #, etc.

Suite 500

City & State

Silver Spring, Maryland

City & State

Silver Spring, Maryland

Zip

20910

Country

USA

Zip

20910

Country

USA

7. Name and Address of Current Registered Agent

Name

Brittany J. Tavar

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

161 South Beach Drive

Suite, Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32205

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

Brittany J. Tavar
REGISTERED AGENT MUST SIGN

Date

6-17-2010

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
DIR	Andrew R. Bellamah	8730 Georgia Ave. Ste. 500	Silver Spring, MD 20910

10. E-mail Address: ab@bnbinc.com

(To be used for future annual report notification)

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. I further certify 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:

A. R. Bellamah

A. R. BELLAMAH

6-8-10

301-562-7300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10 JUL -1 PM 4:58

400182818124
07/01/10--01036--019 **367.50

REINSTATEMENT

CR2E081 (6/10)

08-10

4. Date Incorporated or Qualified
To Do Business in Florida

10-24-05

5. FEI Number

☐ Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7/6