

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAY 19 AM 11:23

DOCUMENT # NO5000011248

1. Corporation Name
Hidden Waters Condominium ASSOC
1860 Venice Park Drive, Office
N. Miami, FL 33181

REINSTATEMENT 2010 KS

600181088236
05/19/10--01027--005 **236.25
CR2E081 (4/10)

2. Principal Office Address - No P.O. Box # <u>1860 Venice Park Dr</u>		3. Mailing Office Address <u>Same</u>	
Suite, Apt. #, etc. <u>office</u>		Suite, Apt. #, etc.	
City & State <u>N. Miami, FL</u>		City & State	
Zip <u>33181</u>	Country <u>USA</u>	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number <u>20-3791224</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Bridgette Bowe

Street Address (P.O. Box Number is Not Acceptable)
1860 Kennedy Causeway, Suite 305

Suite, Apt. #, Etc.

City North Bay Village State FL Zip Code 33141

PROFIT CORPORATIONS ONLY

The \$600.00 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 [Signature] Date 5/13/2010

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
PD	Barbara Kelly	1860 Venice Park Dr, office	Miami, FL 33181
TR	Alex Yanes	1860 Venice Park Dr, office	Miami, FL 33181
DIR	John Hollingsworth	1860 Venice Park Dr, office	Miami, FL 33181
DIR	Barbara Hollingsworth	1860 Venice Park Dr, office	Miami, FL 33181

10. E-mail Address: barb Kelly @bell south.net
(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: [Signature] Date 5/13/10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____