

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2008 JAN 16 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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01/16/08--01037--014 \*\*61.25

REINSTATEMENT

07-08

CR2E081 (1/07)

**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # NO 6 00000 5398

1. Corporation Name Enclave at Hialeah Hometowns Association, Inc.  
5401 South Kirkman Road #450  
Orlando, Florida 32819

2. Principal Office Address - No P.O. Box # 5401 South Kirkman Road  
Suite, Apt. #, etc. # 450  
City & State Orlando, Florida  
Zip 32819 Country USA

3. Mailing Office Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 26-0483757 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 Community Management Professionals Inc.  
Street Address (P.O. Box Number is Not Acceptable) 5401 South Kirkman Road #450  
Suite, Apt. #, Etc. 1010  
City Orlando State FL Zip Code 32819

☐ 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 Joe Parsonator, Pres. Date 10-1-07  
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
Director	Steven O'Dowd	241 S. Westmonte #1010	Alamonte Springs, FL 32714
Director	Steve Hiss	241 S. Westmonte #1010	Alamonte Springs, FL 32714
Director	Denis Perez	241 S. Westmonte #1010	Alamonte Springs, FL 32714

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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: Steven O'Dowd Date 1/16/07 Daytime Phone # 407 618 3839  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Enclave At Hiawassee Homeowners' Association Inc.  
2. The principal office address: 5401 South Kirkman Road Suite 450  
Orlando, Florida 32819  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 5-17-2006 Document number: NO6000005398

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Stephan Reinhard, Esq.  
241 South Westmonte Drive #1010  
Altamonte Springs, Florida 32714

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Community Management Professionals, Inc.  
5401 South Kirkman Road, Suite 450  
(P.O. Box NOT acceptable)  
Orlando, Florida 32819

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

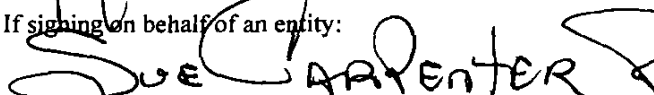
Steven F. Kiss (Director)  
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

  
(Signature of Registered Agent)

9-5-07  
(Date)

If signing on behalf of an entity:

  
SUE CARPENTER PRES  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*