PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
18 APR -3 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N11000004461

1. Corporation Name
HAYWARD DUPONT HOMEOWNERS ASSOCIATION, INC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
69 Hayward Dupont St.	265 Hayward Dupont St.
Suite, Apt. #, etc	Suite, Apt. #, Etc.
City & State: Midway, FL	City & State: Midway, FL.
Zip: 32343 Country: USA	Zip: 32343 Country: USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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7. Name and Address of Current Registered Agent

Name: Tammy Knight
Street Address (P.O. Box Number is Not Acceptable): 69 Hayward Dupont St.
Suite, Apt. #, Etc.
City: Midway State: FL Zip Code: 32343

18 APR -3 PM 2:58
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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: Tammy C. Knight
REGISTERED AGENT MUST SIGN

Date: 4/3/18

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
President	James Hinson	265 Hayward Dupont St.	Midway, FL. 32343
V.P	Tammy Knight	69 Hayward Dupont St	Midway, FL. 32343
Sec.	LaTonda Lee	133 Hayward Dupont St.	Midway, FL. 32343
T	Denise Brown	119 Hayward Dupont St.	Midway, FL. 32343
CHAP	Eugene Lamb	158 Hayward Dupont St.	Midway, FL. 32343

10. E-mail Address: hinsonjames@bellsouth.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: James Hinson JAMES HINSON 4-3-18 850-556-9120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Tmoore 4/18