PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 JAN 10 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N16295

1. Corporation Name

Hills of Welleby Homeowners Association Inc.

REINSTATEMENT 05-07

CR2E081 (12/05)

2. Principal Office Address		**3.** Mailing Office Address	
James Neipris		James Neipris	
Suite, Apt. #, etc. 4311 N. W. 97 Avenue		Suite, Apt. #, etc. 4311 N. W. 97 Avenue	
City & State Sunrise, Fl		City & State Sunrise, Fl	
Zip 33351	Country USA	Zip 33351	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 8/7/1986

5. FEI Number 650033042 ☐ 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
Randall K. Roger & Assoc

Street Address (P.O. Box Number is Not Acceptable)
621 NW 53rd Street

500085641435
01/23/07--01005--021 **358.75

Suite, Apt. #, Etc.
300

City	State	Zip Code
Boca Raton	FL	33487

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 Randall K. Roger & Assoc. Date 11/4/07
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
P/D	James Neipris	4311 NW 97 Avenue	Sunrise,FL 33351
VP/D	Ralph J. Dean Sr.	4315 NW 95 Terrace	Sunrise, FL 33351
S/T	Debby Newpher	4301 NW 97 Avenue	Sunrise, FL 33351
D	Brian Bertsch	4314 NW 95 Terrace	Sunrise, FL 33351
D	Keith Shriver	4272 NW 98 Terrace	Sunrise, FL 33351

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: James R Neipris James R Neipris 1-4-07 954-572-6506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FC 01/12