PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 JAN 29 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N18956

1. Corporation Name

HAWK'S NEST HOMEOWNERS ASSOCIATION,INC.

REINSTATEMENT
CR2E081 (11/09) 09-10

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3032 HAWK'S GLEN	3032 HAWK'S GLEN
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TALLAHASSEE	City & State: TALLAHASSEE
Zip: 32312 Country: USA	Zip: 32312 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 01/28/1987

5. FEI Number: 59-2981593 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.:

City: PLANTATION State: FL Zip Code: 33324

☐ 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 617.0505, F.S.

Signature of Registered Agent: Barbara A Burke — Barbara A. Burke, Special Assistant Secretary — Date: 1-29-10

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	PHELAN, BILL	612 FOREST LAIR	TALLAHASSEE/FL/32312
S	CHILES, MARY	3050 HAWK'S GLEN	TALLAHASSEE/FL/32312
T	CHOMAT, BOB	616 FOREST LAIR	TALLAHASSEE/FL/32312
		000167554310	
		02/01/10--01001--007 **122.50	

10. E-mail Address: rohomet@comcast.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: BOB CHOMAT — JANUARY 29,2010 — 850-668-1328

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