

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

14 AUG -5 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N24295

1. Corporation Name

HICKORY HILL COMMUNITY
HOMEOWNERS ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #

518 Sportsman Park Drive

Suite, Apt. #, etc.

3. Mailing Office Address

518 Sportsman Park Drive

Suite, Apt. #, etc.

City & State

Seffner, Florida

City & State

Seffner, Florida

Zip

33584

Country

USA

Zip

33584

Country

USA

CR2B081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

01/11/1988

5. FEI Number

592963455

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
Yes

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Marjorie A. Boyd

Street Address (P.O. Box Number is Not Acceptable)

518 Sportsman Park Drive

Suite, Apt. #, Etc.

City

Seffner

State

FL

Zip Code

33584

000262987520
08/05/14--01010--007 **1531.00

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

Marjorie A. Boyd

REGISTERED AGENT MUST SIGN

Date

7/18/14

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	Jerry Eugenio	503 Running Horse Road	Seffner, Florida 33584
VP	Herbert Belcher	617 Penn National Road	Seffner, Florida 33584
T	Nadine Wallace	531 Sportsman Park Drive	Seffner, Florida 33584
D	Monte Mahr	403 Running Horse Road	Seffner, Florida 33584
D	Rowena Smith	632 Penn National Road	Seffner, Florida 33584
D	Jon Lay	501 Running Horse Road	Seffner, Florida 33584

10. E-mail Address: law@pilka.com

(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:

Jerry Eugenio *Jerry Eugenio*

7/18/14

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #