

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																									
DOCUMENT # <i>N25227</i>		FILED 09 AUG 24 AM 11:43 SECRETARY OF STATE TALLAHASSEE, FLORIDA <i>1996-2009</i>																									
1. Corporation Name <i>HIDDEN CREEK Homeowners Association, INC.</i>																											
2. Principal Office Address - No P.O. Box # <i>9010 HIDDEN CREEK Ln</i>		3. Mailing Office Address <i>5916</i>																									
Suite, Apt. #, etc. <i></i>		Suite, Apt. #, etc. <i></i>																									
City & State <i>TALLAHASSEE, FL.</i>		City & State <i></i>																									
Zip <i>32311</i>	Country <i>USA</i>	Zip <i></i>	Country <i></i>																								
4. Date Incorporated or Qualified To Do Business in Florida <i>3/4/88</i>																											
5. FEI Number <i></i>																											
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status <input checked="" type="checkbox"/> Not Applicable																											
7. Name and Address of Current Registered Agent Name <i>JANICE ROUSSEAU</i> Street Address (P.O. Box Number is Not Acceptable) <i>9010 HIDDEN CREEK Lane</i> Suite, Apt. #, Etc. City <i>TALLAHASSEE</i> State <i>FL</i> Zip Code <i>32311</i>																											
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 <i>Janice Rousseau</i> Date <i>8-24-09</i> REGISTERED AGENT MUST SIGN																											
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																											
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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.																											
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