PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 AUG -2 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N35142

1. Corporation Name

HUNTINGTON TRACE HOMEOWNERS ASSOCIATION, INC.

REINSTATEMENT 01-04

2. Principal Office Address	**3.** Mailing Office Address
2189 Cleveland St	2189 Cleveland St.
Suite, Apt. #, etc.: #225	Suite, Apt. #, etc.: #225
City & State: Clearwater FL	City & State: Clearwater FL
Zip: 33765 Country: USA	Zip: 33765 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/7/1989

5. FEI Number: 59-300-4596 ☐ 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: LENNARD A. LEIGHTON
Street Address (P.O. Bo): 2189 CLEVELAND STREET
Suite, Apt. #, Etc.: SUITE 225
City: CLEARWATER State: FL Zip Code: 33765

100039795061
08/02/04--01092--005 **245.00

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: Lennard A. Leighton — Date: 7/29/04
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
PD	JARAE, DEBBIE	2218 WINDSONG COURT	SAFETY HARBOR, FL 34695
VPD	BARNES, BRUCE	2305 OXFORD COURT	SAFETY HARBOR, FL 34695
SD	MCCRAINIE, ADAM	2306 OXFORD COURT	SAFETY HARBOR, FL 34695
TD	BOUGHTON, SID	2303 OXFORD COURT	SAFETY HARBOR, FL 34695
D	CAIRO, MARISA	2212 WINDSONG COURT	SAFETY HARBOR, FL 34695
D	BAUERLE, RON	2210 WINDSONG COURT	SAFETY HARBOR, FL 34695

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 under section 119.07(3)(i), 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: X Debbie Jarae — 7/28/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #