

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 OCT 23 PM 3:14

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N35888
1. Corporation Name
MAPLE HAMMOCK HOMEOWNERS' ASSOCIATION, INC.

W-24527

2. Principal Office Address 8466 LOCKWOOD RIDGERD. Suite, Apt. #, etc. #219 City & State SARASOTA FL Zip 34243		3. Mailing Office Address SAME Suite, Apt. #, etc. City & State Zip Country USA	
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REINSTATEMENT 09-100

4. Date Incorporated or Qualified To Do Business in Florida 01/02/1990	
5. FEI Number 65-0648660	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name F. Steven Herb	800003455668-0
Street Address (P.O. Box Number is Not Acceptable) 2070 Ringling Boulevard	-11/07/00--01053--020 ****306.25 ****306.25
Suite, Apt. #, Etc.	
City Sarasota	State FL Zip Code 34237

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: *[Signature]* Date: 10/19/00
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
D PRESIDENT	RICHARD HAYES	3560 CHINABERRY LANE	SARASOTA FL 34235
D TREASURER	ARON WATKINS	3539 CHINABERRY LANE	SAME
D V.P.	MIKE MOHAMED	3500 CHINABERRY LANE	SAME
D V.P.	TONY ADAMO	3357 MAPLE HAMMOCK DR.	SAME
D V.P.	TRINA LINDALL	3285 MAPLE HAMMOCK DR.	SAME

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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. **KE**

SIGNATURE: *[Signature]* ARON WATKINS 7/1/00 941-355-9335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2001 (9/99)