

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

W13000058188

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 NOV -6 PM 2:23

DOCUMENT # N37972

1. Corporation Name

HUNTER'S GROVE
Homeowners Association, Inc

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

3908 78th Place E

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

Country

34243

USA

3. Mailing Office Address

P.O. Box 1636

Suite, Apt. #, etc.

City & State

TALLEHAST, FL

Zip

Country

34270

USA

REINSTATEMENT 1996-2013

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5/03/1990

5. FEI Number

650197398

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

Sue M. Bowser

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

3908 78th PLACE EAST

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34243

600252970076
11/06/13--01026--003 **61.25

600252970076
10/17/13--01031--005 **1216.25

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

Sue M. Bowser

REGISTERED AGENT MUST SIGN

Date 10/09/2013

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	Jim Mruk	4010 78 th Drive E.	SARASOTA, FL 34243
VP	Colin Blakey	3919 78 th Drive E.	SARASOTA, FL 34243
T	Sue Bowser	3908 78 th Place E	SARASOTA, FL 34243
S	Sherri Brooker	3915 78 th Drive E	SARASOTA, FL 34243
TR	Steve Boucher	7725 40 th COURT E	SARASOTA, FL 34243

10. E-mail Address: SURAN2@MSN.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:

Sue M. Bowser

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/09/2013 941-359-2881

SUE M. BOWSER