PLEASE READ A	ALL INSTRUCTIONS	BEFORE C	СОМР LЕДФФСО¥Я В FORM.
APPLICATION O	FLORIDA DEPARTMEN Sandra B. Mor		AND FILED
FORAU	Secretary of S	State	1998 MAR 23 AN 8: 112
REINSTATEMENT	DIVISION OF CORPOR	RATIONS	1998 MAR 23 MIL O IN
DOQUMENT # N 93911			43 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOQUMENT # N 439 17 L'Corporation Hame Home owners Association was Principal Place of Business # 25 Mc Daniel Fish CampRd			L. see and .
Home onners 4 2200 miles			
#25 Mc Daniel Fish Camp Rd			
Freeport, F1. 32439			
•			
If above addresses are incorrect in any way, line thro 2. New Principal Office Address, If Applicable	New Mailing Office Address, If		Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. FELNumber Applied For
City & State	City & State		59 -3367126 Not Applicable
Zip Country	Zip Countr	ÿ	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/o		ations must list at lea	
Title(s) and/or Directors		ficer and/or Director se Post Office Box N	
D. Brodford Johnson McDaniel Fish Campad Free 2017 27			
O Mandie Duit	STATE OF AT N	ic and	Los Carlo El SUMA
De Charac Harr	han Asos II	15 3	ST. CMU, FI. 34710
D. HI WILSON 94 mut Circle treeport F1.324			
•			7000024696877
BE		FINCT ****481.25 *****481.25	
		4 4 4	- I STATEMENT
B. Name and Address of Courant D	logistared Agent	1	9. Name and Address of New Registered Agent
8. Name and Address of Current Registered Agent FOX DEV			fra Librer
# 25			P.O. Box Number is Not Acceptable)
90. 251-A Suite, Apt. #, Etc.			
Freeport F1.32439			
10. I. being appointed the registered agent of the above named emporation, am familiar with and accept the obligations of Section 607.0505, F.S.			
Signature of Registered Agent Durch 15, 1998 Registered Agent Date March 15, 1998			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)			
12. 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.			
8 8 (1)			
SIGNATURE: Druger & January Benderal Johnson March 15 19981 850 - 835-4781 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Priorie #			