


# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT


<b>DOCUMENT # N46189</b> 1. Entity Name <b>THE HAMMOCK POINTE SCHOOL-COMMUNITY ORGANIZATION, INC.</b>		
Principal Place of Business 8400 SW 8TH ST BOCA RATON, FL 33433		Mailing Address 8400 SW 8TH ST BOCA RATON, FL 33433
2. Principal Place of Business - No P.O. Box # <b>8400 SW 8th St</b>	3. Mailing Address <b>Same</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State <b>Boca Raton FL</b>		City & State
Zip <b>33433</b>	Country <b>USA</b>	Zip Country

FILED

07 OCT 11 AM 8:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08-24-07 90024 007 \$61.25

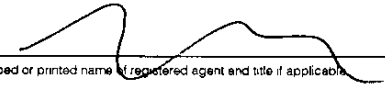


**REINSTATEMENT**

10/24/07 08:33 AM RPE099 (1/07)

<b>6. Name and Address of Current Registered Agent</b> ADAMS, MICHELLE 8400 SW 8TH STREET BOCA RATON, FL 33433				<b>7. Name and Address of New Registered Agent</b>			
Name				Street Address (P.O. Box Number is Not Acceptable)			
City				State <b>FL</b> Zip Code			

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  \_\_\_\_\_

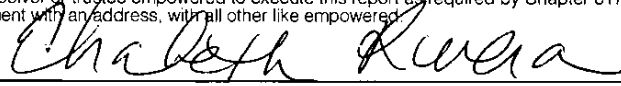
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$236.25**  
**After January 1, 2008, Fee will be \$297.50**

Make check payable to  
**Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P CERBINI, SILVIA	<input checked="" type="checkbox"/> Delete	TITLE	President michelle Adams	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8400 SW 8TH ST		NAME	same as above	
STREET ADDRESS	BOCA RATON, FL 33433		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VP ADAMS, MICHELLE	<input type="checkbox"/> Delete	TITLE	VP michele Hariland	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	8400 SW 8TH ST		NAME	same	
STREET ADDRESS	BOCA RATON, FL 33433		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	T MCMANUS, SAMANTHA	<input checked="" type="checkbox"/> Delete	TITLE	Elizabeth Rivera	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	8400 SW 8TH ST		NAME	same as above	
STREET ADDRESS	BOCA RATON, FL 33433		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	S ROSARIO, TRACY	<input checked="" type="checkbox"/> Delete	TITLE	S Kelly Ferguson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	8400 SW 8TH ST		NAME	same as above	
STREET ADDRESS	BOCA RATON, FL 33433		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>\$710/13</b>		NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  \_\_\_\_\_

Date: \_\_\_\_\_ Daytime Phone #: **561-989-1139**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 8, 2007

To Whom it May Concern,

This is letter is to request reinstatement for Hammock Pointe School- Community Organization.

Apparently, there was some sort of a mistake and we never received the letter requesting A signature of an officer or Director however we did make our payment by Sept 4, 2007

Today is Oct 8, 2007 and I am now sending in the reinstatement form, I have spoken to Cathy and she explained to me I may write this letter describing what took place to request the reinstatement be waived.

Thank you very much for your assistance and time.

Regards,

A handwritten signature in black ink that reads "Elizabeth Rivera". The signature is written in a cursive, flowing style.

Elizabeth Rivera  
Treasurer