


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 16 AM 8:53

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NY6945
1. Corporation Name
HONEY HILL PARK TOWNHOMES ASSOCIATION, INC.

2. Principal Office Address 3366 N.W. 199TH ST. Suite, Apt. #, etc.		3. Mailing Office Address C/O DCI 2035 HARDING ST. Suite, Apt. #, etc. 200	
City & State MIAMI, FL.		City & State HOLLYWOOD, FL	
Zip 33056	Country U.S.A.	Zip 33020	Country U.S.A.

REINSTATEMENT 05

CR2E081 (8/05)

4. Date Incorporated or Qualified To Do Business in Florida	1992
5. FEI Number	65 040717
<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
BROUGH, CHADROW & LEVINE, P.A.

Street Address (P.O. Box Number is Not Acceptable)
1900 NORTH COMMERCE PARKWAY 9000E2228079

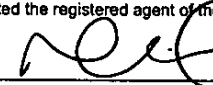
Suite, Apt. #, Etc.
12/16/05--01046--004 **236.25

City
WESTON

State
FL

Zip Code
33326

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.

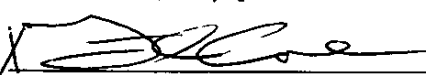
Signature of Registered Agent
 FCB BROUGH, CHADROW & LEVINE, P.A.
REGISTERED AGENT MUST SIGN

Date
12/13/05

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
DD	FABIAN CONE	3370 NW 197TH TERR.	MIAMI, FL. 33056
VPD	LAURA McDONALD	19754 NW 34TH AVE.	MIAMI, FL. 33056
SD	CHARLES EDWARDS	3361 NW 198TH TERR.	MIAMI, FL. 33056
D	MAUREEN TULLOCH	19755 NW 33RD COURT	MIAMI, FL. 33056

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:  Fabian Cone 12/8/05 3056258071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

12/26