PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 16 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N48701

1. Corporation Name

HAMMOND FOREST HOMEOWNERS ASSOCIATION, INC.

REINSTATEMENT 03-04

2. Principal Office Address	**3.** Mailing Office Address
1433 Juniper Bush Ct.	1433 Juniper Bush Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, Fl.	City & State: Jacksonville, Fl.
Zip: 32221 / Country	Zip: 32221 / Country

4. Date Incorporated or Qualified To Do Business in Florida: 4/30/1992

5. FEI Number: 59-3014858 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Michael Tuten

100029897791
03/04/04--01058--008 **236 25

Street Address (P.O. Box Number is Not Acceptable): 1433 Juniper Bush Ct.

Suite, Apt. #, Etc.:

City: Jacksonville | State: FL | Zip Code: 32221

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: G Michael Tuten — REGISTERED AGENT MUST SIGN — Date: 2/27/2004

CR2E081 (01/04)

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/D	Michael Tuten	1433 Juniper Bush Ct.	Jacksonville, Fl. 32221
V/D	Tammy Reichenbach	8675 Hammond Forest Dr.	Jacksonville, Fl. 32221
S/D	Millie Rogers	8722 Hammond Forest Dr.	Jacksonville, Fl. 32221
T	Cathy Strickland	1441 Juniper Bush Ct.	Jacksonville, Fl. 32221

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: G Michael Tuten — G. Michael Tuten — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 2/27/04
Daytime Phone #: 783-2577