PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
16 MAY 11 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

DOCUMENT # N48701

1. Corporation Name
Hammond Forest Homeowners Association, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
8618 Hammond Forest DR	8618 Hammond Forest DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Jacksonville, Florida	Jacksonville, Florida
Zip: 32221 Country: USA	Zip: 32221 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 1989

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: J.D. WRIGHT
Street Address (P.O. Box Number is Not Acceptable): 8618 Hammond Forest DR.
Suite, Apt. #, Etc.:
City: Jacksonville State: FL Zip Code: 32221

300285714193
05/25/16--01017--010 **61.25

300285714193
05/11/16--01017--017 **236.25

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: J. D Wright Date: 5/7/16
REGISTERED AGENT MUST SIGN

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
Pres	J.D. WRIGHT	8618 Hammond Forest DR	Jacksonville, FL 32221
V. Pres	Jim Taylor	8658 Hammond Forest DR	Jacksonville, FL 32221
Sec/ Treas.	Lana WRIGHT	8618 Hammond Forest DR	Jacksonville FL 32221
	REINSTATEMENT 2015-2016		S. HAWKES MAY 13 A.M. EXAMINER

10. E-mail Address: WRIGHT4357@ATT.NET
(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: Lana B. WRIGHT Lana B. Wright 5-7-16 904-786-4944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 13, 2016

HAMMOND FOREST HOMEOWNERS ASSOCIATION, INC.
8618 HAMMOND FOREST DR
JACKSONVILLE, FL 32221

SUBJECT: HAMMOND FOREST HOMEOWNERS ASSOCIATION, INC.
Ref. Number: N48701

We have received your document for HAMMOND FOREST HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling $236.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2015 corporate annual report form. To reinstate, the corporation must submit a completed reinstatement application or annual report and the appropriate fees.

The fees to reinstate the corporation are as follows: $175 reinstatement fee, $61.25 filing fee per year.

Therefore, the total amount due to reinstate the corporation is $297.50. Add an additional $8.75 for each certificate of status requested.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 416A00010125