PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 SEP 12 PM 6:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N49882

1. Corporation Name
Hideaway Woods Owners Assn Inc.

2. Principal Office Address	**3.** Mailing Office Address
9609 Pritmore Rd E	9609 Pritmore Rd E
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Jacksonville FL	Jacksonville FL
Zip 32257 Country USA	Zip 32257 Country USA

700059782297
09/20/05--01043--011 **848.75

4. Date Incorporated or Qualified To Do Business in Florida 7-15-93

5. FEI Number 59-314 7468 ☐ 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: Ron McKinney
Street Address (P.O. Box Number is Not Acceptable): 9609 Pritmore Road East
Suite, Apt. #, Etc.:
City: Jacksonville | State: FL | Zip Code: 32257

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: Ron McK Date: 9-13-05
REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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
Pres.	Ron McKinney	9609 Pritmore Rd E	Jacksonville FL 32257
VP	Vacant		
Sec.	Marci Larson	4013 Moresburg CT	Jacksonville FL 32257
Treas	Sue Mock	9668 Pritmore Rd E	Jacksonville FL 32257
At Large	David Waters	9634 Pritmore Rd E	" "

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: Ron McK 9-13-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Hideaway Woods Homeowners Association

September 14, 2005

Ms. Marquitta Williams
Document Specialist
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Document # N49882

Dear Ms. Williams,

Thank you for your response to my recent letter inquiring about corporate reinstatement for our Hideaway Woods Homeowners Association in Jacksonville. The completed reinstatement form and a check in the amount of $848.75 are enclosed, along with a copy of your letter as requested. We do not need a certificate of status.

I assume that you send a reminder annually when our corporate annual report form is due. I certainly don't want to ever again find our association in a lapsed status.

I appreciate your assistance.

Sincerely,

Ron McKinney

Ron McKinney, President
9609 Pritmore Road East
Jacksonville, FL 32257