

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 MAY 31 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002215

1. Corporation Name

Hogan Creek Towers Resident Council, Inc.

2. Principal Office Address - No P.O. Box #

1320 N Broad Street

3. Mailing Office Address

Suite, Apt. #, etc.

RMC Office

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Zip

32202

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3261369

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

Jacksonville Area Legal Aid, Inc.

Street Address (P.O. Box Number is Not Acceptable)

126 W Adams Street

Suite, Apt. #, Etc.

First floor

City

Jacksonville

State

FL

Zip Code

32202

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Carol S. Miller
Attorney

REGISTERED AGENT MUST SIGN

Jay Area Legal Aid, Inc.

Date *5-17-07*

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
PD	WILLIAMS, ELOUISE	1320 Broad St APT 316	Jacksonville FL 32202
VD	WATKINS, JOHNNY	1320 Broad St APT 1006	Jacksonville FL 32202
SD	JACOBS, BARBARA	1320 Broad St APT 1601	Jacksonville FL 32202
TD	JOHNSON, BETTY	1320 Broad St APT 1010	Jacksonville FL 32202
CD	LEWIS, LEILA	1320 Broad St APT 408	Jacksonville FL 32202
SD	ASKEW, DOROTHY	1320 Broad St APT 613	Jacksonville FL 32202

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 contained in Chapter 119, 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:

Eloise W. Gillins, RMC President
Eloise W. Gillins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-22-07

Daytime Phone #

353-6650

K. Eckel JUN 06 2007