

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUN 24 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NG4 000002963

1. Corporation Name

Headwater Creek Homeowners Association Inc.

2. Principal Office Address

17795 Larkin Crt. East

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

Zip

32310

Country

U.S

3. Mailing Office Address

17795 Larkin Crt. East

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

Zip

32310

Country

U.S

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

6/15/94

5. FEI Number

59-3364368

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

Leo Jackson

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

17795 Larkin Crt East

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32310

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

Leo Jackson

REGISTERED AGENT MUST SIGN

Date 6/20/03

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
Director	Leo Jackson	17795 Larkin Crt East	Tallahassee, Florida 32310
Director	Larry Smith	17866 Larkin Crt West	Tallahassee, Florida 32310
Director	Bobby Steele	3468 Headwater Creek	Tallahassee, Florida 32310
Secretary	Barbara Brown	17858 Larkin Crt West	Tallahassee, Florida 32310
Treasurer	Lisa Mills	17795 Larkin Crt East	Tallahassee, Florida 32310

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:

Leo Jackson

Leo Jackson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/03

Date

580-3305

Daytime Phone #

CR2E081 (10/02)

7/6/24