

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR -9 AM 8:00

DOCUMENT # N94000006305

1. Corporation Name

HOMESTEAD ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4197 TALL TREES LN.
ST AUGUSTINE FL 32086
US

4197 TALL TREES LN.
ST AUGUSTINE FL 32086
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/23/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3371419

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PDD	CROSBY, DEREK	357 VILLAGE DRIVE	SAINT AUGUSTINE FL 32084
VPD	RAY, REGINA	108 MARIE'S WAY	SAINT AUGUSTINE FL 32086
ST	CROSBY, CHERYL	357 VILLAGE DRIVE	SAINT AUGUSTINE FL 32084
PDD	Regina W. Sargeant	108 Marie's way	St. Augustine FL 32086
VPD	Scott King	109 Marie's way	St. Augustine FL 32086
STD	Sharon Einheuser	105 Marie's way	St. Augustine, FL 32086

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MC LEOD, ROBERT II ESQ
43 CINCINNATI AVE
SAINT AUGUSTINE FL 32084

Name

Regina W. Sargeant

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

108 Marie's way

Suite, Apt. #, Etc.

City

St. Augustine FL

State

FL

Zip Code

32086

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Regina W. Sargeant

REGISTERED AGENT MUST SIGN

Date

3-4-04

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., 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:

Sharon Einheuser Sharon Einheuser

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2127104

904.794.7880

CR2EMO (7/03)