

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUL 15 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **195000000212**

1. Corporation Name

Hideaway Cove Homeowners' Association, Inc.

REINSTATEMENT

7/15/05

2000-2005

PRP 7/15

2. Principal Office Address

215 Celebration Place

3. Mailing Office Address

215 Celebration Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Celebration, FL

City & State

Celebration, FL

Zip

34747

Country

USA

Zip

34747

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/13/1995

5. FEI Number

N/AE

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

David S. Cohen

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

5728 Major Boulevard

Suite, Apt. #, Etc.

Suite 550

City

Orlando

State

FL

Zip Code

32819

600057506526

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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

REGISTERED AGENT MUST SIGN

Date

6/23/05

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
D/P/S/T	Heath Slocumb	215 Celebration Place, Suite 500	Celebration, FL 34747

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/23/05

HEATH SLOCUMB

CR2E001 (07/05)