

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000212

1. Corporation Name

Hideaway Cove Homeowner's Association, Inc.

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

75 Mill Street

Suite, Apt. #, etc.

3. Mailing Office Address

75 Mill Street

Suite, Apt. #, etc.

City & State

Newport, RI

City & State

Newport, RI

Zip

02840

Country

USA

Zip

02840

Country

USA

7. Name and Address of Current Registered Agent

Name

B&C Corporate Services of Central Florida, Inc.

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

390 North Orange Avenue

Suite, Apt. #, Etc.

Suite 1400

City

Orlando

State

FL

Zip Code

32801

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

Holly Collins, Vice President
REGISTERED AGENT MUST SIGN

Date

2/2/10

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
P/D	Jeffrey Farrar	75 Mill Street	Newport, RI 02840
V/D	Gerald Morris	1107 Grand Cay	Palm Beach Gardens, FL 33418
S/D	Sara Bernard	390 North Orange Ave, Suite 1400	Orlando, FL 32801

REINSTATEMENT

06-10

10. E-mail Address: **jfarrar@farrarequities.com**

(To be used for future annual report notification)

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. I further certify, 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:

Jeffrey M. Farrar

Jeffrey Farrar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/20/09

Date

401-848-9880

Daytime Phone #

FILED

2010 FEB -3 P 12:03

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

700168028147
02/05/10--01002--024 **245.00
CR2E081 (11/09)

4. Date incorporated or Qualified
To Do Business in Florida **1/13/95**

5. FEI Number

☐ Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.