


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

00 JAN 19 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CORPORATION REINSTATEMENT 98-2000		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>N97000000536</u>			
1. Corporation Name <u>HONEYCOMB LANE HOMEOWNERS ASSOCIATION, INC.</u>			
2. Principal Office Address <u>8660 Honeycomb Ln</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>8660 Honeycomb Ln</u> Suite, Apt. #, etc.	
City & State <u>Tallahassee, FL</u>		City & State <u>Tallahassee, FL</u>	
Zip <u>32308</u>	Country <u>USA</u>	Zip <u>32308</u>	Country <u>USA</u>

4. Date Incorporated or Qualified To Do Business in Florida <u>1/31/97</u>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. FEI Number	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	

7. Name and Address of Current Registered Agent		
Name <u>Jeffrey Brown</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>8660 Honeycomb Lane</u>		
Suite, Apt. #, Etc.		
City <u>Tallahassee</u>	State <u>FL</u>	Zip Code <u>32308</u>

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 1-19-97

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
Dir.	Jeffrey Brown	8660 Honeycomb Ln	Tallahassee, FL 32308
Dir.	Donna M. Smith	8659 Honeycomb Ln	Tallahassee, FL 32308
Dir.	Henry Reshard	8902 Reshard Ln	Tallahassee, FL 32308
Dir.	Gwendolyn Partier	8667 Honeycomb Ln	Tallahassee, FL 32308
Dir.	Craig M. Rising	8652 Honeycomb Ln	Tallahassee, FL 32308

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] JEFFREY BROWN, DIRECTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-97 (850) 521-0700