

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN 10 PM 3:57

DOCUMENT # N97000004752

1. Corporation Name

HAILE FOREST HOMEOWNERS ASSOCIATION, INC

REINSTATEMENT 03-04

400037849784

06/10/04--01077--011 **297.50

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

D JEFFREY SAUSAMAN

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

C/O ACTION REAL ESTATE SERVICES

Suite, Apt. #, Etc.

6110-B NW 1 PL

City

GAINESVILLE

State

FL

Zip Code

32607

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

D Jeffrey Sausaman

Date

6/4/04

REGISTERED AGENT MUST SIGN

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
<u>PD</u>	<u>SUSAN MILLER-JONES</u>	<u>2304 SW 62 LN</u>	<u>GAINESVILLE FL 32608</u>
<u>D</u>	<u>MARGARET MARCUS</u>	<u>6248 SW 85 ST</u>	<u>GAINESVILLE FL 32608</u>
<u>TD</u>	<u>GREGG MARTIN</u>	<u>6111 SW 85 ST</u>	<u>GAINESVILLE FL 32608</u>
<u>SD</u>	<u>GINGER STANFORD</u>	<u>6208 SW 85 ST</u>	<u>GAINESVILLE FL 32608</u>
<u>D</u>	<u>FLORANT BALUYOT</u>	<u>8309 SW 61 PL</u>	<u>GAINESVILLE FL 32608</u>

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

GREGG MARTIN

Date

6-4-04

Daytime Phone #

352-339-5012

CR2E081 (01/04)