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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 098000001183

1. Corporation Name
Eaglewood Estates Homeowners Association
of Hillsborough, Inc.

W08-4992

REINSTATEMENT 04-08^{KS}

CR2E081 (12/05)

2. Principal Office Address P.O. Box 1842 (P)		3. Mailing Office Address W08-4992	
Suite, Apt. #, etc. 4116 Imperial Eagle Dr.		Suite, Apt. #, etc.	
City & State Valrico, FL		City & State	
Zip 33595	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 2/27/1998	
5. FEI Number 752718208	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Kings Realty	
Street Address (P.O. Box Number is Not Acceptable) 504 S. Kings Ave	
Suite, Apt. #, Etc. 3	
City Brandon, FL	State FL
Zip Code 33511	

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 <i>Michelle Van Loan</i>	Date 1/10/08
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
Pres	Dave Carney	4116 Imperial Eagle Dr.	Valrico, FL 33594
VP	Brian Willey	4212 Imperial Eagle Dr	Valrico, FL 33594
Treas	Michelle Van Loan	506 Crowned Eagle Court	Valrico, FL 33594

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 contained in Chapter 119, 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: <i>Michelle Van Loan</i>	Date 1/10/08	Daytime Phone # 813-748-2618
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

P5 2052

Eaglewood Estates Homeowners Association
PO Box 1842
Valrico, FL 33595

January 10, 2008

Dear Sir,

When the Board changed several years ago, the new Board was not aware that we need to file with you every year. Your notice for us to file was never received since it was sent to an incorrect PO Box address.

We ask that you waive the reinstatement fee since we never received notice to file.

Enclosed are checks to bring us up to date and our reinstatement form. The annual filing with your department has now been written into our SOPs, which are passed from Board to Board each year.

Thank you for your consideration. If you have any questions or additional information is needed, I can be reached at 813-748-2618.

Sincerely,
Michelle Van Loan
HOA Treasurer

A handwritten signature in black ink, appearing to read "Michelle Van Loan", with a long horizontal flourish extending to the right.