

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 30 AM 10:27

DOCUMENT # N98000005742

1. Corporation Name

Hampton Park Homes, Inc.

2. Principal Office Address

300 Reeves Court

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32801

Country

U.S.

3. Mailing Office Address

300 Reeves Court

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32801

Country

U.S.

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

5. FEI Number

596001292

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

03-10-99 90196 042 \$61.25
09-16-99 90011 027 \$61.25
REINSTATEMENT 99-00

7. Name and Address of Current Registered Agent

Name

Vivian Bryant, Esq.

600003198806--0

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

300 Reeves Court

04/05/00-01031-001

***175.00 ***175.00

Suite, Apt. #, Etc.

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

Vivian Bryant

REGISTERED AGENT MUST SIGN

Date

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	Vivian Bryant, Esq.	300 Reeves Court	Orlando, FL 32801
D	Stanley E. Halbert, Esq.	300 Reeves Court	Orlando, FL 32801
D	Ed Carson	300 Reeves Court	Orlando, FL 32801

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:

Vivian Bryant

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/24/00

Daytime Phone #