CORPORATION REINSTATEMENT

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

FILED

01 APR -4 AM 9: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000001677

1. Corporation Name

HAWTHORNE OAKS Homeowners Association, Inc.

2. Principal Office Address	**3.** Mailing Office Address
71 E. CHURCH ST.	71 E CHURCH ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
ORLANDO, FL	ORLANDO FL
Zip	Country	Zip	Country
32801	US	32801	U.S.

4. Date Incorporated or Qualified To Do Business in Florida 3-10-99

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 Robert W Houston

Street Address (P.O. Box Number is Not Acceptable)
71 E CHURCH ST.

Suite, Apt. #, Etc.

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****297.50 ****297.50

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 _____

REGISTERED AGENT MUST SIGN

Date 3-19-01

CR2E081 (9/00)

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	Robert W Houston (D)	71 E. CHURCH ST	ORLANDO FL 32801
V. PRES	Brandi C. Carrier (D)	71 E CHURCH ST.	ORLANDO FL 32801
TREAS	Robert W Houston (D)	71 E. CHURCH ST	ORLANDO FL 32801
SEC.	JEFF SEALOFF (D)	71 E. CHURCH ST.	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: _____ Robert W Houston 5/15/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #