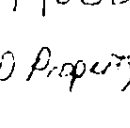


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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>N99000003056</u>			
1. Corporation Name <u>Hillcrest PUD Property Owners Association, Inc</u>			
2. Principal Office Address - No P.O. Box # <u>2170 Spiles Pond Ct</u>		3. Mailing Office Address <u>2170 Spiles Pond Ct</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Tallahassee FL</u>		City & State <u>Tallahassee FL</u>	
Zip <u>32303</u>	Country <u>USA</u>	Zip <u>32303</u>	Country <u>USA</u>
4. Date Incorporated or Qualified To Do Business in Florida <u>600441755/2519</u>		5. FEI Number <u>123074-010</u> <u>59-3791352</u>	
6. CERTIFICATE OF STATUS DESIRED		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent		CR2E081 (11/10) 000441780440 123074-01001-015 ***358.75	
Name <u>Claude R. Walker</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>2170 Spiles Pond Ct</u>			
Suite, Apt. #, Etc.			
City <u>Tallahassee</u>	State <u>FL</u> Zip Code <u>32303</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 <u>[Signature]</u>		Date <u>12/30/24</u>	
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
P/D	<u>Brad Trotter</u>	<u>2121 Killisnoy Way</u>	<u>Tallahassee, FL 32309</u>
VP/D	<u>Collins Proctor</u>	<u>3425 Bonhomme Rd Suite 105-116</u>	<u>Tallahassee FL 32317</u>
Sec. Treas.	<u>Claude Walker</u>	<u>2170 Spiles Pond Ct</u>	<u>Tallahassee FL 32303</u>
10. E-mail Address: <u>Walker.claude@ymail.com</u>			
(To be used for future annual report notification)			
11. 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 617.0403, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.			
SIGNATURE: <u>[Signature]</u> <u>Claude R Walker</u>		<u>12/30/24</u> <u>850-251-2670</u> Date Daytime Phone #	