

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Katherine A. ...
 Secretary of State
 DIVISION OF CORPORATIONS

01-0243R

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

02 MAR 14 PM 4:00

DOCUMENT # N99000007316

1. Corporation Name

HICKORY NUT LANE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1014 NORTH CLARA AVE.
 DELAND FL 32720

1014 NORTH CLARA AVE.
 DELAND FL 32720



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

~~2440 Hickory Nut Lane~~
 Suite, Apt. #, etc.

~~2440 Hickory Nut Lane~~
 Suite, Apt. #, etc.

12/13/1999

City & State
 DeLand FL

City & State
 DeLand, FL

5. FEI Number
 59-3622541

Applied For
 Not Applicable

Zip
 32720

Country
 USA

Zip
 32720

Country
 USA

6. CERTIFICATE OF STATUS DESIRED

\$875 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	DE PEYSTER, JOSEPH B	1014 NORTH CLARA AVE. 2440 Hickory Nut Lane	DELAND FL 32720
D	DE PEYSTER, DONNA J	1014 NORTH CLARA AVE. 2440 Hickory Nut Lane	DELAND FL 32720
D	BRITTON, MEREDITH LEE	2425 HICKORY NUT LANE	DELAND FL 32720
			200005193052--5 -04/04/02--01067--025 ***122.50 ***122.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EARLY, CHARLES
 112 NORTH FLORIDA AVE.
 DELAND FL 32720

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Charles Early
 REGISTERED AGENT MUST SIGN

Date

3/7/02

AD

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 617.0401, 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:

Donna de Pyster
 Donna de Pyster

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/02

Date

386-738-5810

Daytime Phone #

CR2E040 (8/01)