

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 APR 16 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000004197**

1. Corporation Name

HomeTown Neighborhoods, Inc

2. Principal Office Address

1812 Highland Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 401

Suite, Apt. #, etc.

City & State

Fernandina Beach, Fl

City & State

Fernandina Beach, Fl

Zip

32034

Country

USA

Zip

32035

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1-17-95

5. FEI Number

59-3297818

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 96-01

7. Name and Address of Current Registered Agent

Name

Joel E. Embry

400004077894--2

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

1812 Highland Dr.

-04/25/01--01080--35

*****1508.75 ***1508.75 US**

Suite, Apt. #, Etc.

City

Fernandina Beach,

State
FL

Zip Code

32034

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

Joel E. Embry

REGISTERED AGENT MUST SIGN

Date **4/11/01**

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	Joel E. Embry	1812 Highland Dr.	Fernandina Beach, Fl 32034
S	Mary Embry	1812 Highland Dr.	Fernandina Beach, Fl 32034

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:

Joel E. Embry
Joel E. Embry, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/11/01

Daytime Phone #

904-261-8300

CR2E081 (9/00)