


**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

PLEASE READ ALL INSTRUCTIONS BEFORE COMI

<b>CORPORATION REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>
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**DOCUMENT #** 19900007846

**1. Corporation Name** HIDDEN VILLAGE MOBILE HOME PARK  
WATER CORPORATION

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**2. Principal Office Address**  
3035 6TH AVENUE NORTH

**3. Mailing Office Address**  
3035 6TH AVENUE NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
ST. PETERSBURG, FLORIDA

**City & State**  
ST. PETERSBURG, FLORIDA

**Zip**  
32702

**Country**  
PINELLAS

**Zip**  
32702

**Country**  
PINELLAS

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

**5. FEI Number**  
APPLIED FOR

**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**

ANDREW L. REIFF, P. A.

700005145667

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

135 W. Central Blvd. Southtrust Bank Building

03/22/02-01025-012

**Suite, Apt. #, Etc.**

SUITE #720

\*\*\*\*450.00 \*\*\*\*450.00

**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**

[Signature]  
REGISTERED AGENT MUST SIGN

**Date** 2/19/02

**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	GEORGE RAY, JR.	1859 N. Pine Island Road	Plantation, Florida 33322

**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:**

X [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE RAY, JR.

X352001856-952-0106

**Date**

**Daytime Phone #**

CR2E081 (9/01)

10

2012

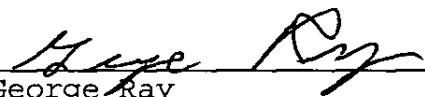
Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

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Re: Hidden Village Mobile Home Park Water Corporation  
(corporation reinstatement)

Dear Sir or Madam:

Please be advised that I never received the Annual Report. I am enclosing the reinstatement Form, along with my check in the amount of \$450.00.

  
\_\_\_\_\_  
George Ray  
Director  
Hidden Village Mobile Home Park  
Water Corporation

Date MARCH 5 2002

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Enclosure