PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 APR -8 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200015750812
04/11/03--01037--023 **288.75
200015750812
04/11/03--01037--021 **289.00

REINSTATEMENT 88-03

DOCUMENT # 765187

1. Corporation Name
GOLF PINES POOL ASSOCIATION, INC.

2. Principal Office Address	3. Mailing Office Address
1313 SW 16th TER.	1313 SW 16th Ter.
Suite, Apt. #, etc. UNIT 102	Suite, Apt. #, etc. UNIT 102
City & State CAPE CORAL, FL	City & State CAPE CORAL, FL
Zip 33991 Country USA	Zip 33991 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 9/24/1982

5. FEI Number 59-2381995 ☐ 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
RUSSELL REID

Street Address (P.O. Box Number is Not Acceptable)
1313 SW 16th Terrace
200015750812
04/11/03--01037--022 **288.75

Suite, Apt. #, Etc.
#102
200015750812
04/11/03--01037--024 **288.75

City: CAPE CORAL | State: FL | Zip Code: 33991

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 Russell C Reid Date 3/25/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
P/D	RUSSELL REID	1313 SW 16th Ter, UNIT 102 CAPE CORAL, FL 33991	CAPE CORAL, FL 33991
VP/D	LAURA F. FISH	1674 EDITH ESPLANADE	CAPE CORAL, FL 33904
T/D	JUDY SYLVIA	1229 SW 21st Ter	CAPE CORAL, FL 33991
S/D	DEBORAH ZECHAU	1303 SW 16th TER #203	CAPE CORAL, FL 33991
A-L/D	VERN FISH	1674 EDITH ESPLANADE	CAPE CORAL, FL 33904

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: LAURA F. FISH 3/25/03 239-540-9449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #