PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 OCT 29 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 768511

1. Corporation Name
ERCILDOUNE HEIGHTS HOMEOWNERS ASSOCIATION, INC.

2. Principal Office Address	3. Mailing Office Address
1623 N. U.S. Hwy. #1	Same
Suite, Apt. #, etc.: Suite A-2	Suite, Apt. #, etc.
City & State: Sebastian, Florida	City & State
Zip: 32958 Country: United States	Zip Country

REINSTATEMENT 8401

4. Date Incorporated or Qualified To Do Business in Florida: 5-18-83

5. FEI Number: 592292336 ☐ 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: Wendy Feinsilver
300004670033--9
-11/07/01--01005--013
***1286.25 ***1286.25
Street Address (P.O. Box Number is Not Acceptable): 8065 - 142nd Street
Suite, Apt. #, Etc.:
LS
City: Sebastian State: FL Zip Code: 32958

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Wendy Feinsilver — REGISTERED AGENT MUST SIGN — Date: Oct 26, 2001

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	Mary Lou Spooner	14190 - 81st Avenue	Sebastian, FL 32958
VP/S/D	Tammy Henderson	8006 - 140th Street	Sebastian, FL 32958
T/D	Hilda Powell	8026 - 141st Street	Sebastian, FL 32958
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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: Mary Lou Spooner — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 10/26/01 — Daytime Phone #: 561-589-2272