PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT 2017**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
17 MAY -4 AM 9:49
TALLAHASSEE, FLORIDA

DOCUMENT # 770871

1. Corporation Name
Village Drive Owners Association, Inc.

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 411 S Central Ave | 411 S Central Ave |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| Suite B | Suite B |
| City & State | City & State |
| Flagler Beach, FL | Flagler Beach, FL |
| Zip / Country | Zip / Country |
| 32136 / US | 32136 / US |

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 10/21/83

5. FEI Number: 59-2859414 ☐ 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: Lea A. Stokes
Street Address (P.O. Box Number is Not Acceptable): 411 S Central Ave
Suite, Apt. #, Etc.: Suite B
City: Flagler Beach | State: FL | Zip Code: 32136

300298858003
05/04/17--01007--003 **256.25

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] Date: 4/26/17
REGISTERED AGENT MUST SIGN

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 |
|---|---|---|---|
| VP | Carol Bader | 411 S Central Ave, Suite B | Flagler Beach, FL 32136 |
| P | Daniel Elder | 411 S Central Ave, Suite B | Flagler Beach, FL 32136 |
| S | Karen Jones | 411 S Central Ave, Suite B | Flagler Beach, FL 32136 |
| T | Janice Campbell | 411 S Central Ave, Suite B | Flagler Beach, FL 32136 |
| D | Theresa Del Ponte | 411 S Central Ave, Suite B | Flagler Beach, FL 32136 |
| | | | |

10. E-mail Address: accounting@preferredmanagementservices.net
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

SIGNATURE: [signature] 4/26/17
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

K. ASHTON