PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 APR 26 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # N00000001302

1. Corporation Name

Snith Dairy East Master Maintenance Association Inc.

REINSTATEMENT 01-02

2. Principal Office Address	**3.** Mailing Office Address
6400 Journeys End Blvd	1860 Old Okeechobee Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc. #510
City & State: Lake Worth, FL	City & State: West Palm Beach, FL
Zip: 33467 Country: USA	Zip: 33409 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 2/28/00

5. FEI Number — ✓ 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: Robbins, Charles D.

600005493366--2
-05/09/02--01008--037
****297.50 ****297.50

Street Address (P.O. Box Number is Not Acceptable): 5214 LaGorce Drive

Suite, Apt. #, Etc.

City: Miami Beach | State: FL | Zip Code: 33140

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 _____ Date _____

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
PD	Eisenacher, Harold	9350 Sunset Drive	Miami, FL 33173
SD	Webber, David	1860 Old Okeechobee Rd. Suite	West Palm Beach, FL 33409
TD	Barnes, Rusell	1860 Old Okeechobee Rd. Suite	West Palm Beach, FL 33409

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: David Webber 4/18/02 561-686-7818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #