RLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Edgewater Townhomes Property Owners Association, Inc. REINSTATION REINSTATION REINSTATION REINSTATION REINSTATION REINSTATION 10/25/1001054-0003 ***236.25 REINSTATION 10/25/1001054-0003 10/25/1001054-0003 10/25/1001054-0003 10		PORATION STATEMENT			, S	DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS			ATE		10 FEB 15	ED AM 10: 38	}
2. Principal Office Address - No P.O. Box 6 2. 28 St. Charles Ave. 3. Malang Office Address Ave. 2. 28 St. Charles Ave. 2. 28 St. Charles Ave. 3. File Mumber 1 To Do Business in Florids 09/13/2004 1 To Do Business in Florids 09/13/2004 1 To Do Business in Florids 09/13/2004 2 File Mumber 1 To Do Business in Florids 09/13/2004 2 File Mumber 2 To Do Business in Florids 09/13/2004 3 File Number 2 To Do Business in Florids 09/13/2004 3 File Number 2 To Do Business in Florids 09/13/2004 4 Date Incorporated or Qualified To Do Business in Florids 09/13/2004 3 File Number 2 To Do Business in Florids 09/13/2004 4 Date Incorporated or Qualified To Do Business in Florids 09/13/2004 5 File Number 2 To Do Business in Florids 09/13/2004 5 File Number 2 To Do Business in Florids 09/13/2004 5 File Number 2 To Do Business in Florids 09/13/2004 5 File Number 2 To Do Business in Florids 09/13/2004 5 File Number 2 The reinstalement fee is imposed except in florid companies of the Properties of Street Address of Each Original Properties of Each Original Proper	DOCUMENT # N0400008813 1. Corporation Name									ALLAHASSEE FLORIDA			
CR26081 (11/09) Suite #405	Edgewater Townhomes Property Owners Association, Inc.									REINSTATEMENT			
Suite #405 Suite #405 Suite #405 Suite #405 City & State City & State New Orleans, LA City To 130 Country To 140 Country To 130 Country To 130 Country To 140 C	228 St	. Charle		228 St.	228 St. Charles Ave.								
New Orleans, LA Izp Country 70130 USA Izp C	Suite, Apt. #, etc. Suite #405								, L	4. Date Incorporated or Qualified To Do Business in Florida 00/42/2004			
Country 70130 USA 70130 Country 70130 Countr	City & State New Orleans, LA								-	5. FEI Number Applied For			
Name of Officers and/or Directors Street Addresses of Each Officer and/or Director Street Addresses of Each Officer and Ord	Zip 70130	· · · · · · · · · · · · · · · · · · ·			- '		Coun	-		6. CERTIFICATE OF STATUS DESIRED \$8.75		\$8.75 Additio	nal Fee required
Christine E. Lent The reinstatement fee is imposed, except in control of the entity, did not receive the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the "feinstatement fee be waived." City State Zip Code FL 33701 8. I. being appointed the highest prior notices. By checking this box, you are certifying the prior notices were not received and requesting the "feinstatement fee be waived." State Place Plac									一			:·. ·.	
Suite, Apt. #, Etc. City St. Petersburg 8. I, being appointed the moistened 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 Registered Agen	Christin Street Add					circumstances which the entity did not receive the prior notices. By checking this box, you							
St. Petersburg FL 33701	·									received and requesting the reinstatement			
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 Directors Officer and/or Director							••••	<u>, </u>					
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip President Stephen P. Duffy 228 St. Charles Ave., #405 New Orleans, LA 70130 Alex President Joseph G. Hynes 228 St. Charles Ave., #405 New Orleans, LA 70130 Sec/Treas E. Dale Lindsey, Jr. 228 St. Charles Ave., #405 New Orleans, LA 70130 M. MILLIGAN 15 12351 EXAMINER 02/15/10-01034-017 *+61.25 FEB 17 2010 10. E-mail Address; sduffy@whitneybank.com To be used for future annual report notification To be used for future annual report notification To be used for future annual report notification over 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. I further certify that indermation indicated on this application is true and accurate, and my signature shall have the same legal effect as if stephen P. Duffy 01/20/2010 (504) 586-3485	Signature of	of /	Tegister	Her	N								
President Stephen P. Duffy 228 St. Charles Ave., #405 New Orleans, LA 70130 Vice President Joseph G. Hynes 228 St. Charles Ave., #405 New Orleans, LA 70130 Sec/Treas E. Dale Lindsey, Jr. 228 St. Charles Ave., #405 New Orleans, LA 70130 M. MILLIGAN 1	9. Names	and Street Ac	ddresses	of Each Officer and	I/or Director (Flc	rida nonpro	fit corpo	orations must li	list at lea:	st 3 directors)			
Doseph G. Hynes 228 St. Charles Ave., #405 New Orleans, LA 70130 Bec/Treas E. Dale Lindsey, Jr. 228 St. Charles Ave., #405 New Orleans, LA 70130 M. MILLIGAN 1 0 1 5 7 1 2 3 5 1 EXAMINER 02/15/10-01034-017 ***61.25 FEB 17 2010 10. E-mail Address; sduffy@whitneybank.com (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 filling 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. I further certify, the infermation indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under cath. SIGNATURE: Stephen P. Duffy New Orleans, LA 70130 New Orleans, LA 70130	Titles		Officer								Ci	ity / State / Zip	
E. Dale Lindsey, Jr. 228 St. Charles Ave., #405 New Orleans, LA 70130 M. MILLIGAN 102/15/10-01034-017 ***61.25 FEB 17 2010 10. E-mail Address; sduffy@whitneybank.com (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., 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. SIGNATURE: Stephen P. Duffy 01/20/2010 (504) 586-3485	President	Stephen P. Duffy				228 St. Charles Ave				e., #405	New Orle	ans, LA	70130
M. MILLIGAN DISTILES EXAMINER D2/15/1001034017 **61.25	Vice President	Joseph G. Hynes				228 St. Charles Ave				e., #405	New Orlea	ns, LA 7	0130
FEB 17 2010 10. E-mail Address; sduffy@whitneybank.com (To be used for future annual report notification)	Sec/Treas	E. Dale Lindsey, Jr.				228 5	3t. C	Charles	Ave	e., #405	New Orle	ans, LA	70130
10. E-mail Address; sduffy@whitneybank.com (To be used for future annual report notification)										1 C 02/15/	<u>01671</u> /1001034	<u> 2351</u> 017 **61	25
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✓ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	SIGNATURE: Stephen P. Duffy 01/20/2010 (504) 586-3485												