PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

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

FILED
01 MAR -8 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N23487

**REINSTATEMENT** 98-01

**1.** Corporation Name
Brooker Trace Subdivision Home Owners' Association, Inc
2612 Brooker Trace Lane
Valrico, FL 33594

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| 2612 Brooker Trace LN | 2612 Brooker Trace LN |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Valrico, FL | City & State: Valrico FL |
| Zip: 33594 Country: US | Zip: 33594 Country: US |

**4.** Date Incorporated or Qualified To Do Business in Florida: 11-17-87

**5.** FEI Number: 65-0156867 ☐ 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: Tina Trombley
900003924329--1
-03/28/01--01088--004
****420.00 ****420.00
Street Address (P.O. Box Number is Not Acceptable): 2612 Brooker Trace Lane
Suite, Apt. #, Etc.:
City: Valrico State: FL Zip Code: 33594

**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: Tina Trombley Treasurer Date: 3-5-01
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

**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 | Socrates Francis | 2619 Brooker Trace Lane | Valrico, FL 33594 |
| VPD | Rene Revis | 2613 Brooker Trace Lane | Valrico, FL 33594 |
| TD | Tina Trombley | 2612 Brooker Trace Lane | Valrico, FL 33594 |
| SD | Micki Watkins | 2614 Brooker Trace Lane | Valrico, FL 33594 |
| | | | |
| | | | |

**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:** Tina Trombley 3-5-01 813-681-8534
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #