PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

00 MAR 24 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # N 39110

1. Corporation Name: Richview Trace Homeowners Assoc

100003196091---6
-04/05/00--01002--030
****105.00 ****105.00

2. Principal Office Address	**3.** Mailing Office Address
107 Whetherbine Way South	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tall, FL	City & State
Zip: 32301 / Country: Leon/US	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-3076209 ☐ 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: Joseph R Braccialle

100003196091---6
-04/05/00--01002--031
****100.00 ****100.00

Street Address (P.O. Box Number is Not Acceptable): 107 Whetherbine Way South

Suite, Apt. #, Etc.: Tall FL 32301

City | State: FL | Zip Code

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: March 24, 00

REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
Pres	Joseph R Braccialle	107 whetherbine Way So	Tall FL 32301
VP	Bridget Burke	104 s. whetherbine way	Tall FL 32301
Tres	Natalie Gutierrez	106 S. whetherbine way	Tall FL 32301
	100003196091---6 -04/05/00--01002--033 ****105.00 ****105.00		100003196091---6 -04/05/00--01002--032 ****110.00 ****110.00

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: _____ 3-22-99 671-5577

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