PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 JAN 19 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 00-01

DOCUMENT # N98000006238

1. Corporation Name

Tuscany Association, Inc.

2. Principal Office Address	**3.** Mailing Office Address
1690 S. Congress Avenue	1690 S. Congress Avenue
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.: Suite 200
City & State: Delray Beach, FL	City & State: Delray Beach, FL
Zip: 33445 Country: USA	Zip: 33445 Country: USA

4/12/00 90005/011 $61.25

4. Date Incorporated or Qualified To Do Business in Florida: 11/02/98

5. FEI Number: 65-1009817 — X 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: Merle D'Addario

Street Address (P.O. Box Number is Not Acceptable): 1690 S. Congress Avenue

Suite, Apt. #, Etc.: Suite 200

City: Delray Beach — State: FL — Zip Code: 33445

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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: Merle D'Addario — Date: Dec 19/2000

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
D,P	D'Addario, Merle	1690 S. Congress Avenue Suite 200	Delray Beach, FL 33445
D,VP	Levy, Joann	1690 S. Congress Avenue Suite 200	Delray Beach, FL 33445
D,S,T	Ruskin, Jerry	1690 S. Congress Avenue Suite 200	Delray Beach, FL 33445
AT	Pivinski, Joseph	1690 S. Congress Avenue Suite 200	Delray Beach, FL 33445
AS	Levy, Richard S	1690 S. Congress Avenue Suite 200	Delray Beach, FL 33445

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: JoAnn Levy — 12-28-00 — 561-274-2000 x280

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