CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR -1 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 726291

1. Corporation Name

Farmview Estates Association, Inc

2. Principal Office Address	3. Mailing Office Address
5046 Red Fox Run	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Tallahassee, FL	
Zip 32303	Country USA
Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-1728841 — 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 BARBARA ROUSSEAU

Street Address (P.O. Box Number is Not Acceptable)
5046 Red Fox Run

400014386274
03/20/03 -01010 -002 **122 50

Suite, Apt. #, Etc.

City TALLAHASSEE | State FL | Zip Code 32303

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 _Barbara G Rousseau_ Date 3/13/03

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 Director	City / State / Zip
P	Paul Hoppes (D)	7067 Calico Circle	Tallahassee, FL 32303
VP	Jerry Davis (D)	7083 Calico Circle	Tallahassee, FL 32303
Sec	Lenita Joe (D)	5105 Red Fox Run	Tallahassee, FL 32303
Trea.	Barbara Rousseau (D)	5046 Red Fox Run	Tallahassee FL 32303

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: BARBARA G. ROUSSEAU _Barbara Rousseau_ 3/18/03 644-7112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

CR2E061 (10/02)