


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

 <p>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</p>		<p>2008 SEP -9 AM 11:01</p> <p>FILED</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>																					
<p>CORPORATION REINSTATEMENT</p>																							
<p>DOCUMENT # 1108523</p> <p>1. Corporation Name Whispering Pines Civic Association Inc.</p>																							
<p>2. Principal Office Address - No P.O. Box # 19250 SW 87th Ave.</p> <p>Suite, Apt. #, etc. —</p>		<p>3. Mailing Office Address</p> <p>Suite, Apt. #, etc. —</p>																					
<p>City & State Cutler Bay, FL</p> <p>Zip 33157</p> <p>Country USA</p>		<p>City & State</p> <p>Zip</p> <p>Country</p>																					
<p>7. Name and Address of Current Registered Agent</p> <p>Name Louise I. Lockwood</p> <p>Street Address (P.O. Box Number is Not Acceptable) 9071 Ridgeland Drive</p> <p>Suite, Apt. #, Etc. —</p>		<p>4. Date Incorporated or Qualified To Do Business in Florida 02/23/1965</p> <p>5. FEI Number 596192618 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable</p> <p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p> <p><input checked="" type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.</p>																					
<p>City Cutler Bay</p> <p>State FL</p> <p>Zip Code 33157</p>																							
<p>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.</p> <p>Signature of Registered Agent Louise I. Lockwood Date 9-2-2008</p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>																							
<p>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Titles</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>P/O</td> <td>Louise I. Lockwood</td> <td>9071 Ridgeland Drive</td> <td>Cutler Bay, FL 33157</td> </tr> <tr> <td>V/O</td> <td>Miguel Vasquez</td> <td>19525 Ridgeland Dr.</td> <td>Cutler Bay, FL 33157</td> </tr> <tr> <td>T/O</td> <td>Lucy Hill</td> <td>19250 S.W. 87th Ave</td> <td>Cutler Bay, FL 33157</td> </tr> <tr> <td>S/O</td> <td>Melissa Vandersluis</td> <td>9021 Ridgeland Dr.</td> <td>Cutler Bay, FL 33157</td> </tr> </tbody> </table>				Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	P/O	Louise I. Lockwood	9071 Ridgeland Drive	Cutler Bay, FL 33157	V/O	Miguel Vasquez	19525 Ridgeland Dr.	Cutler Bay, FL 33157	T/O	Lucy Hill	19250 S.W. 87th Ave	Cutler Bay, FL 33157	S/O	Melissa Vandersluis	9021 Ridgeland Dr.	Cutler Bay, FL 33157
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip																				
P/O	Louise I. Lockwood	9071 Ridgeland Drive	Cutler Bay, FL 33157																				
V/O	Miguel Vasquez	19525 Ridgeland Dr.	Cutler Bay, FL 33157																				
T/O	Lucy Hill	19250 S.W. 87th Ave	Cutler Bay, FL 33157																				
S/O	Melissa Vandersluis	9021 Ridgeland Dr.	Cutler Bay, FL 33157																				
<p>REINSTATEMENT</p> <p>02-08</p>		<p>100135606921</p> <p>09/09/08 01031 010 **420.75</p>																					
<p>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 contained in Chapter 119, 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.</p>																							
<p>SIGNATURE: Lucy Hill</p> <p>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>		<p>Lucy Hill 9/2/08</p> <p>Date Daytime Phone #</p>																					