

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR -1 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726291

1. Corporation Name
Farmview Estates Association, Inc

2. Principal Office Address
5046 Red Fox Run

3. Mailing Office Address
same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tallahassee, FL

City & State

Zip Country
32303 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
03/28/03 01010 002 **122 50

Suite, Apt. #, Etc.

City
Tallahassee

State Zip Code
FL 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 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

Date

3/13/03

Daytime Phone #

644-7112

CR2E001 (10/02)