


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 1975-2015		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 15 DEC -7 AM 8:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
DOCUMENT # 731185 1 Corporation Name Stillbrooke Home Owners Association, Inc.							
2. Principal Office Address - No P.O. Box # 305 STILLBROOK TRL. Suite, Apt. #, etc.		3. Mailing Office Address PO BOX 4322 Suite, Apt. #, etc.		CR2E081 (11/10)			
City & State ENTERPRISE, FL Zip Country 32725 USA		City & State ENTERPRISE, FL Zip Country 32725 USA		4. Date Incorporated or Qualified To Do Business in Florida 10/18/1974 5. FEI Number <table border="1"><tr><td>Applied For</td></tr><tr><td><input checked="" type="checkbox"/> Not Applicable</td></tr></table> 6. CERTIFICATE OF STATUS DESIRED Yes \$8.75 Additional Fee required for a Certificate of Status		Applied For	<input checked="" type="checkbox"/> Not Applicable
Applied For							
<input checked="" type="checkbox"/> Not Applicable							
7. Name and Address of Current Registered Agent Name Terence J. Edmunds Street Address (P.O. Box Number is Not Acceptable) 305 Stillbrook Trl. Suite, Apt. #, Etc. City State Zip Code Enterprise FL 32725				700279821007 12/07/15--01049--022 **2625.00			
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 <u>Terence J. Edmunds</u> Date <u>11-29-2015</u> 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	Butch Helmick	165 Stillbrook Trl		Enterprise, FL 32725			
VP	Ronald Wenerowicz	152 Stillbrook Trl		Enterprise, FL 32725			
S	VACANT						
T	Terence J. Edmunds	305 Stillbrook Trl		Enterprise, FL 32725			
10. E-mail Address: TERRY.EDMUNDS@GMAIL.COM (To be used for future annual report notification)							
11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.							
SIGNATURE: <u>Terence J. Edmunds</u> <u>TERENCE J. EDMUNDS</u> <u>11-29-2015</u> <u>386-848-3458</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							

K. ASHTON