PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 FEB -6 PM 4:11

REINSTATEMENT 1999-03

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02/06/03--01024--006 **481.25

DOCUMENT # 745879

1. Corporation Name
TRAILS TWELVE OAKS HOMEOWNERS ASSOCIATION, INC.

2. Principal Office Address	3. Mailing Office Address
C/O CHARLES CARBIENER	C/O CHARLES CARBIENER
Suite, Apt. #, etc.: 30 TWELVE OAKS TRAIL	Suite, Apt. #, etc.: 30 TWELVE OAKS TRAIL
City & State: ORMOND BEACH FL	City & State: ORMOND BEACH FL
Zip: 32174 Country: USA	Zip: 32174 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 2-8-1979

5. FEI Number: 591957147 ☐ 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: CHARLES CARBIENER
Street Address (P.O. Box Number is Not Acceptable): 30 TWELVE OAKS TRAIL
Suite, Apt. #, Etc.:
City: ORMOND BEACH | State: FL | Zip Code: 32174

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: _____ Date: 1-29-03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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	CHARLES CARBIENER	30 TWELVE OAKS TRAIL	ORMOND BEACH, FL 32174
ST	JANE DODSON	22 TWELVE OAKS TRAIL	ORMOND BEACH, FL 32174
D	DENISE SIENNICKI	26 TWELVE OAKS TRAIL	ORMOND BEACH FL 32174
D	DAVID THORP	18 TWELVE OAKS TRAIL	ORMOND BEACH FL 32174
D	DONALD CARDONE	24 TWELVE OAKS TRAIL	ORMOND BEACH FL 32174

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: _____ CHARLES CARBIENER 1-29-03 (386) 676-2559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #