PLEASE READ ALL INSTRUCTION

EFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 746214

FILED 09 MAY 13 PM 3: 54 PENNETARY OF STATE

1. Corpora	eechwood Estate	's Associa	TALLAHASSEE, FLORIDA					
2. Principa	val Office Address - No P.O. Box #	3, Mailing Office Address on K	*** Bond	=	600155149086 05/01/0901064015 ***70.00 REINSTATEM TAT 02-09			
Suite, Apt. #, etc. Suite, Apt. #, Suite, Apt. #,			MOSO DVIVA 4. Date			porated or Qualified iness in Florida	179	
City & State	e Country	City & State Savasota Zip	asota, FL			5. FEI Number Applied For Y Not Applicable		
	34232 Savasota 7. Name and Address of Current Registered Agent				CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			
Street Add	Susan K. Bond dress (P.O. Box Number is Not Acceptable) 5 Mmosa Driv)	The recircum the property of t			einstatement fee is imposed, except in instances which the entity did not receive ior notices. By checking this box, you ertifying the prior notices were not red and requesting the reinstatement waived.		
8. I, being Signature o Registered	g appointed the registered agent of the abov of Agent Agent	ve named corporation, am BONL GISTERED AGENT MUST	Date 4/27/09					
9. Names	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			ess of Each l/or Director		City / State / Zip		
Pres	Chuck Cason	M5 14 320	Mimosa	L Circ	le	Sarasota, Fl	34232	
DIK	Dr. Elizabeth Jol	inston 270	2 Mimosa	- Cir	cle	Sarasota, FL	<u>34232</u>	
Dir.	Caroline Melhem	265	5 Mimoso	a Cire	<u>sle</u>	Sarasota Fi	34232	
Co- Treasurer Benjamin Bond			85 Mimosa Drive			Sarasota F	L 34232	
(10- Treasur	suver Susan Bond 85 Mimos			2 Dri	ive	Sarasota FI	L 34232	
Dir.	ir. Bruce Steinhoff 260 Mimosa Ci				rde	Sarasota F	1 34232	
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 filling 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.

SIGNATURE: