PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 FEB 15 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E081 (12/05) 07

1. Corporation Name
Welch's Subdivision Civic Association, Inc.

2. Principal Office Address	3. Mailing Office Address
11014 S.W. Welch Ave	11269 S.W. Welch Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Arcadia, Fl	City & State: Arcadia, Fl
Zip: 34269 Country: U.S.A.	Zip: 34269 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 05-22-1979

5. FEI Number 59-2938103 ☐ 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: Earle Allard
Street Address (P.O. Box Number is Not Acceptable): 11269 S.W. Welch Ave.
Suite, Apt. #, Etc.:
City: Arcadia State: FL Zip Code: 34269

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: Earle W. Allard (REGISTERED AGENT MUST SIGN) Date: Feb. 13, 2007

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
PD	Earle Allard	11269 S.W. Welch Ave	Arcadia, Fl 34269
VD	Paul Tincher	11189 S.W. Welch Ave	Arcadia, Fl 34269
ST	Susan Hatfield	11149 S.W. Crenshaw Av	Arcadia, Fl 34269
D	Bruce Hatfield	11149 S.W. Crenshaw Ave	Arcadia, Fl 34269
D	Wayne Abbott	11243 S.W. Welch Ave	Arcadia, Fl 34269
D	Harry Griffitts	11176 S.W. Welch Ave	Arcadia Fl 34269

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.

EARLE ALLARD

SIGNATURE: Earle W. Allard (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Feb. 13, 2007 (Date) 941-629-9945 (Daytime Phone #)