PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				5	DEPARTMENT OF STATE ecretary of State			ATE	11 APR -4 AM 8: 53			
DOCUMENT # 748327 1. Corporation Name									DALLA HASSEL FLORIDA			
Village on The Green Condominium III Association, Inc.												
					Office Address US Hwy 19 N				300200392823 04/04/11 cm1110 10101 ***271.25			
Suite, Apt #, etc Suite, Apt #, Ste 102 Ste 102									4. Date incorporated or Qualified To Do Business in Florida To Do Business in Florida			
City & State Clearwater, FL Clearw					ater, FL				5. FEI Number Applied For Not Applicable			
^z ⊮ 33763	^{Zip} 3376 3		A 33763			Counti	untry 6.		E DE STATUS DESIRED \$8.75	Additional Fee required a Certificate of Status		
7. Name and Address of Current Regis Name Ameri-Tech Realty, Inc. Street Address (P.O. Box Number is Not Acceptable) 24701 US Hwy 19 N Suite. Apt. #. Etc. Ste. 102 City Clearwater						State Zip Code FL 33763			REINSTATEMENT			
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 REGISTERS AGENT MUST SIGN Date 3-/0-20//												
Nome of						orida nonprofit corporations must list at lea						
Titles P	Eroyd	Officer and/or Director 2537 Royal Pines Circle #					Cloanwater					
' VP	Freyda Denni	2549-A Royal Pines Circle										
T	Lorra	2502 Royal Pines Circle #5B										
S	Pat Tr	2544 Royal Pines Circle #18C										
D	Wayne	2543-A Royal Pines Circle				s Circle	Clearwater,	FL 33763				
10. E-mail Address: (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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #												