PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN 29 PM 4:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 754180

1. Corporation Name
Fontainebleau Royale Homeowners Association, Inc.

2133 N.E. 45th Avenue
P.O. Box 25

800038087998
06/18/04--01020--001 **245.00
03-04

2. Principal Office Address	**3.** Mailing Office Address
2133 N.E. 45th Avenue	P.O. Box 25
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocala, FL	City & State: Silver Springs, FL 34489
Zip: 34470 Country: USA	Zip: 34470 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: September 15, 1980

5. FEI Number: 59-2230018 ☐ 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: Norval Bunch

REINSTATEMENT

Street Address (P.O. Box Number is Not Acceptable): 2145 N.E. 45th Avenue

800038087998
07/02/04--01050--003 **61.25

Suite, Apt. #, Etc.

City: Ocala | State: FL | Zip Code: 34470

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: Norval Bunch — Date: 06/16/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
Pres.	Norval Bunch	2145 N.E. 45th Avenue	Ocala, FL 34470
VP	Jennifer Crouthamel	2211 N.E. 45th Avenue	Ocala, FL 34470
Sec.	Anastacia Bunch	2223 N.E. 45th Avenue	Ocala, FL 34470
Treas.	Mary Jo Simmons	2133 N.E. 45th Avenue	Ocala, FL 34470
Dir.	John Wilson	2219 N.E. 45th Avenue	Ocala, FL 34470
Dir.	Vicki Coon	2140 N.E. 45th Avenue	Ocala, FL 34470

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: Norval Bunch — 06/16/04 — 352-236-6023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: NORVAL BUNCH — Date — Daytime Phone #

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