PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
12 MAR 20 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 756649

1. Corporation Name
THE 18TH GREEN HOMEOWNERS ASSOC. INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3866 VILLA ROSE CN	5764 N. ORT.
Suite, Apt. #, etc.	Suite, Apt. #, etc. # 178
City & State: ORLANDO, FL.	City & State: ORLANDO, FL.
Zip: 32808 Country: USA	Zip: 32810 Country: USA

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03/14/12--01030--007 **306.25
CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida 3/16/1981

5. FEI Number 592486345 ☐ 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: HARRIETT EUBANKS
Street Address (P.O. Box Number is Not Acceptable): 3866 VILLA ROSE LANE
Suite, Apt. #, Etc.:
City: ORLANDO State: FL Zip Code: 32808

REINSTATEMENT 11-12

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: Harriett Eubanks Date: 3/12/2012
REGISTERED AGENT MUST SIGN

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/O	CHANEY, JAMES	3884 VILLA ROSE LANE	ORLANDO, FL 32808
P/VP	WOOLLEN, MICHAEL	3878 VILLA ROSE LANE	ORLANDO, FL 32808
T/O	EUBANKS, HARRIETT	3866 VILLA ROSE LANE	ORLANDO, FL 32808
S/O	BINGHAM, DEBORAH	3850 VILLA ROSE LANE	ORLANDO, FL. 32808
D	HART, MELANIE	3852 VILLA ROSE LANE	ORLANDO FL. 32808
D	MAYLE, JOANNA	3875 VILLA ROSE LANE	ORLANDO FL. 32808

10. E-mail Address: HARRIET1108@AOL.COM
(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: Harriett Eubanks 3/12/12 407-521-6011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #