

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 APR 22 AM 9 54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 761124

1. Corporation Name
Maple Leaf Estates Owners Association, Inc.

2. Principal Office Address - No P.O. Box # 596 Maple Leaf Circle		3. Mailing Office Address same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pensacola, FL		City & State	
Zip 32514	Country	Zip	Country

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida 12/15/81	
5. FEI Number 59-2237139	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
Dorothy L. Gabbert

Street Address (P.O. Box Number is Not Acceptable)
431 Maple Leaf Circle

Suite, Apt. #, Etc.

City State Zip Code
Pensacola FL 32514

400259335874
04/22/14--01028--005 **61.25
400259335874
04/22/14--01028--004 **236.25

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 Dorothy L. Gabbert Date 4/11/14

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
PD	Dorothy L. Gabbert	431 Maple Leaf Circle	Pensacola, FL 32514
VD	Joe Hawkins	465 Maple Leaf Circle	Pensacola, FL 32514
TD	Annie Boyington	467 Maple Leaf Circle	Pensacola, FL 32514
D	Vanessa D. Berg	408 Maple Leaf Circle	Pensacola, FL 32514
D	Glyn D. Peake	478 Maple Leaf Circle	Pensacola, FL 32514
D	Betty Spencer	549 Maple Leaf Circle	Pensacola, FL 32514
D	Michelle Rand	454 Maple Leaf Circle	Pensacola, FL 32514

10. E-mail Address: NONE
(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 Dorothy L. Gabbert Date 4/11/14 850-476-1196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR