

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.

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

2. Principal Office Address - No P.O. Box #

596 Maple Leaf Circle

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32514

Country

Zip

Country

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

Pensacola

State

FL

Zip Code

32514

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

Dorothy L. Gabbert 4/11/14 850-476-1196

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APR 22 2014