PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1998 DEC -4 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT '98

DOCUMENT # 764130

1. Corporation Name

GREEN ARBOR OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
99 4TH AVE #133 SHALIMAR FL 32579 US	P.O. BOX 1174 SHALIMAR FL 32579 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

SCL 12-4-98

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 07/13/1982

5. FEI Number: 59-2341711 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	~~COTHERN, BEN~~ Cleary, Melissa	99 4TH AVE ~~#105~~ 141	SHALIMAR FL
~~TD~~ SD	~~BERNIER, WILLIAM~~ Purcell, Virginia	99 - 4TH AVE., #133	SHALIMAR FL
VD	~~EVANCHYK, MARIE~~ Kolfas, Carol	99 4TH AVE ~~#122~~ 132	SHALIMAR FL
D	~~BERNIER, JOAN~~ Purcell, Tom	99 4TH AVE #133	SHALIMAR FL
~~SD~~ TD	HALANS, ~~BILL~~ William	99 ~~FOURT~~ 4th AVE., #136	SHALIMAR FL
			200002708302--9 -12/10/98--01005--016 ****245.00 ****245.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
BERNIER, WILLIAM 99 4TH AVE #133 SHALIMAR FL 32579	Name: Kathleen Reynolds, Attorney at Law Street Address (P.O. Box Number is Not Acceptable): 305 Main Street Suite, Apt. #, Etc.: City: Destin State: FL Zip Code: 32541

CR2E040 (9/98)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: K. Reynolds SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN Date: 12-1-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☑ (See other side for information on intangible tax.)

12. 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.

(850)

SIGNATURE: William Bernier SIGNATURE REQUIRED Nov. 24, 98 651-1389
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #