

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| APPLICATION FOR REINSTATEMENT | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
|---|--------------------------------------|--|-----------------------|
| DOCUMENT # G11513 | | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 OCT 25 PM 5:44 | |
| 1. Corporation Name RANGE 26 LANDOWNERS ASSOCIATION, INC. | | | |
| Principal Place of Business 48 RICHMOND DR. NEW SMYRNA BCH. FL 32169 | | Mailing Address 48 RICHMOND DR. NEW SMYRNA BCH. FL 32169 | |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below. | | | |
| 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 12/03/1982 | | 5. FEI Number 59-2391433 | |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | | \$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) | | | |
| 1. Title(s) | 2. Name of Officers and/or Directors | 3. Street Address of Each Officer and/or Director | 4. City / State / Zip |
| PD | HARTDORN, JEFFREY | 48 RICHMOND DR. | NEW SMYRNA BCH. FL |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 8. Name and Address of Current Registered Agent HARTDORN, JEFFREY 48 RICHMOND DR. NEW SMYRNA BCH. FL 32169 | | 9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code | |
| 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 <i>Jeff Hartdorn</i> Date 10/21/99 REGISTERED AGENT MUST SIGN | | | |
| 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., 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: <i>Jeff Hartdorn</i> | | Date 10/21/99 904-427-2243 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone # | |