PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2019 FEB 26 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FL

CORPORATION REINSTATEMENT 2019

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000045560

1. Corporation Name

Greengrove Estates ~~HOA~~ Homeowners Association, Inc

100325450887
02/26/19--01018--024 ****256.25

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
	2113 Ruby Red Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Ste B
City & State	City & State
	Clermont, FL
Zip / Country	Zip / Country
	34714 / U.S.

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 81-0616374 ☐ 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: Extreme Management Team, LLC

Street Address (P.O. Box Number is Not Acceptable): 2113 Ruby Red Blvd

Suite, Apt. #, Etc.: Ste B.

City: Clermont | State: FL | Zip Code: 34714

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: Cody Coldren — REGISTERED AGENT MUST SIGN — Date: 1/15/19

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
Pres.	Benjamin Powell	6202 Greengrove Blvd	Clermont, FL 34714
VP	Garland Bright	7151 Greengrove Blvd	Clermont FL 34714
VP	Dane Cusimano	6081 Ocilla Loop	Clermont FL 34714
Trea.	Neil Lubasky	6613 Ona Ct	Clermont FL 34714
Sec.	Karen Hoff	6024 Ocilla Loop	Clermont FL 34714

10. E-mail Address: cody@hoaemt.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: Benjamin Powell — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 2/13/19 — Daytime Phone #: 352-366-0234

K. ASHTON