PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
09 JAN 29 PM 3:47

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REINSTATEMENT (FEB 2008) 2009 KS

1. Corporation Name
Arbors Property Owners Association, INC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4123 SE 38 LOOP	1136 NE 14 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State: Ocala FL	City & State: Ocala FL.
Zip: 34480 Country:	Zip: 34470 Country: Marion.

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 820567684 ☐ 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: WES Herren - Noble Brokerage Service
Street Address (P.O. Box Number is Not Acceptable): 1136 NE 14 Street
Suite, Apt. #, Etc.:
City: Ocala State: FL Zip Code: 34470

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 _____ Date 1-2209
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
President	Jason Gray	4123 SE 38 Loop	Ocala FL. 34480
VP	Joann Hracs	3939 SE 38 Loop	Ocala FL. 34480
Sec/Trea.	Bill Carroll	3969 SE 39 circle	Ocala FL. 34480
Director.	Mike James	3843 E 38 Loop	Ocala FL. 34480
Director.	Ashley Owens	4094 SE 38 Loop	Ocala FL. 34480
D	S. WESLEY HERREN	1136 NE 14 ST.	OCALA FL. 34470

10. 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 contained in Chapter 119, 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: _____ S. WESLEY HERREN 352-369-3330 1-2209 352-369-3330.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #