PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

[redacted]

FLORIDA DEPARTMENT OF STATE
Secretary of State
Division of Corporations

2003UBR

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SECRETARY OF STATE
TALLAHASSEE FLORIDA
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1. Corporation Name

Pioneer Trails I, II, III Property Owners' Association, Inc.

2. Principal Office Address	3. Mailing Office Address
1905 S. Florida Ave	1905 S. Florida Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lakeland, FL	City & State: Lakeland, FL
Zip: 33803 Country: US	Zip: 33803 Country: US

4. Date Incorporated or Qualified to Do Business in Florida

5. FEI Number: 582454495

Applied For ☐ (Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐ $9.25 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Guerry Jones

Street Address (P.O. Box Number is Not Acceptable): 1905 S Florida Ave

Suite, Apt. #, Etc.:

City: Lakeland | FL | Zip Code: 33803

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0501 or 617.0305, F.S.

Signature of Registered Agent: Guerry Jones — REGISTERED AGENT MUST SIGN — Date: 10/21/2003

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Guerry Jones	1905 S Florida Ave	Lakeland, FL 33803
TD	Jorry Herring	1905 S Florida Ave	Lakeland, FL 33803
SD	Elizabeth Wander	1905 S Florida Ave	Lakeland, FL 33803

10. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that upon 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 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: Guerry Jones — GUERRY JONES — 10-21-2003 — 863-682-5151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

11/4/03