PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
18 FEB 12 PM 6:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300309225683
02/13/18--01012--008 **603.75

DOCUMENT # N04000003227

1. Corporation Name

Waterstone Homeowners Association of St. Lucie, Inc.

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3014 W. Palmira Avenue	3014 W. Palmira Avenue
Suite, Apt. #, etc: #301	Suite, Apt. #, etc: #301
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33629 Country: USA	Zip: 33629 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/24/2004

5. FEI Number: x 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: Lerner Real Estate Advisors, Inc.
Street Address (P.O. Box Number is Not Acceptable): 3014 W. Palmira Avenue
Suite, Apt. #, Etc: 301
City: Tampa State: FL Zip Code: 33629

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: [signature] Date: 9-26-17
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
Officer	Robert Bishop	3014 W. Palmira Avenue	Tampa, FL 33629
Officer	David Jae	3014 W. Palmira Avenue	Tampa, FL 33629
Officer	Adam Lerner	3014 W. Palmira Avenue	Tampa, FL 33629
			FEB 1 [illegible]
			C. CARROTHERS

10. E-mail Address: djae@lerneradvisors.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 if this is a 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: [signature] David Jae - Officer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CAPITOL SERVICES

Filing Cover Sheet

To: Florida Division of Corporations

From: Kim Tadlock C/O Capitol Services, Inc.

Date: 2/13/2018

Trans#: 959686

Entity Name:

1.) **WATERSTONE HOMEOWNERS ASSOCIATION OF ST. LUCIE, INC.**

Articles Incorporation ( )

Articles of Dissolution ( )

Conversion ( )

Foreign Qualification ( )

Limited Partnership ( )

Reinstatement (XX)

Other ( )

Articles of Amendment ( )

Annual Report ( )

Fictitious Name ( )

Limited Liability ( )

Merger ( )

Withdrawal / Cancellation ( )

18 FEB 13 AM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE FEES PREPAID WITH CHECK#1163 FOR $603.75

PLEASE RETURN:

Certified Copy ( ) **Plain Photocopy (XX)**

Good Standing ( ) **Certificate of Fact ( )**