PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 DEC 28 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000005008

1. Corporation Name
EVERGREEN HOMEOWNER'S ASSOCIATION, INC

2. Principal Office Address - No P.O. Box #
54122 EVERGREEN TR.
Suite, Apt. #, etc.
City & State: Callahan
Zip: 32011 Country: NASSAU

3. Mailing Office Address
54122 EVERGREEN TR
Suite, Apt. #, etc.
City & State: Florida
Zip: 32011 Country: NASSAU

REINSTATEMENT 2009
400147887604
04/01/09 01014 001 -$70.00
CR2E081 (11/09)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 20-2670273 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent
Name: Richard Higley
Street Address (P.O. Box Number is Not Acceptable): 54122 EVERGREEN TRAIL
Suite, Apt. #, Etc.
City: Callahan State: FL Zip Code: 32011

☑ 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: [signature] REGISTERED AGENT MUST SIGN Date: 12/28/09

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
PR	Kelley Woodle	54230 EVERGREEN TR	Callahan, FL 32011
Sec.	Vickie MARTIN	54022 EVERGREEN TR	Callahan, FL 32011
TR	Richard Higley	54122 EVERGREEN TR	Callahan, FL 32011

10. E-mail Address: RWings40@aol.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., 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.

SIGNATURE: [signature] 12/28/09 904 879-2180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #