PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 18 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04122

REINSTATEMENT 03-04

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03/18/04--01022--005 **297.50

1. Corporation Name
Seton Court Association Inc

2. Principal Office Address	3. Mailing Office Address
65 Seton TR #2	65 Seton TR #2
Suite, Apt. #, etc. #2	Suite, Apt. #, etc. #2
City & State Ormond Beach FL	City & State Ormond Beach FL
Zip 32176 Country Volusia	Zip 32176 Country Volusia

4. Date Incorporated or Qualified To Do Business in Florida 7/11/1984

5. FEI Number 592786139 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: John Bidwell

Street Address (P.O. Box Number is Not Acceptable): 65 Seton TR

Suite, Apt. #, Etc.: 2

City: Ormond Beach | State: FL | Zip Code: 32176

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: John Bidwell — REGISTERED AGENT MUST SIGN — Date: 3/15/04

CR2E081 (01/04)

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
D	Gloria Manitsas	65 Seton TR #14	Ormond Beach FL 32176
D	Jayson Manitsas	65 Seton TR #15	Ormond Beach FL 32176
S+T	John Bidwell	65 Seton Te #2	Ormond Beach FL 32176
D	Judith Smith	65 Seton TR #11	Ormond Beach FL 32176
D	John Snider	Po Box 290729	Port Orange FL 32179
D	Andy Beattie	18 Capistrano DR	Ormond Beach FL 32176

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 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: John Bidwell — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 3/15/04 — Daytime Phone #: 386 673 8526