PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

15 FEB -9 AM 9:59

FILED
15 FEB -9 AM 10:00
SECRETARY OF STATE
DIVISION OF CORPORATIONS

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # N05000004735

1. Corporation Name

GILLETTE GROVE HOMEOWNER'S ASSOCIATION, INC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
3056 University Parkway		3056 University Parkway	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Sarasota, FL		Sarasota, FL	
Zip	Country	Zip	Country
34243	USA	34243	USA

4. Date Incorporated or Qualified To Do Business in Florida: 5/06/2005

5. FEI Number: 20-2809577 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name: RCM Realty Group, LLC

Street Address (P.O. Box Number is Not Acceptable): 3056 University Parkway

Suite, Apt. #, etc.

City: Sarasota — State: FL — Zip Code: 34243

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02/10/15--01010--003 **201.25

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01/20/15--01014--012 **35.00

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 1/29/2015

REGISTERED AGENT MUST SIGN

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
P	Christopher Hehn	3056 University Parkway	Sarasota, FL 34243
T	Aaron Emery	3056 University Parkway	Sarasota, FL 34243
V	Donald Ray	3056 University Parkway	Sarasota, FL 34243

10. E-mail Address: alexandra.rcm@gmail.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., 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: _____ 1/29/2015 941799177 1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

C.L.