

pg 2 of 2

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000017230 3)))



H120000172303ABCQ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : BILZIN SUMBERG BAENA PRICE & AXELROD LLP
Account Number : 075350000132
Phone : (305) 374-7580
Fax Number : (305) 351-2122

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

CORPORATION REINSTATEMENT
SUMMERHILL HOMEOWNER'S ASSOCIATION OF OCALA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$297.50

*Maller
3/13/98*

Electronic Filing Menu

Corporate Filing Menu

Help

08192

FILED

H12000017230 3

12 JAN 20 PM 2:20

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. OF STATE
ALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N06000002508			
1. Corporation Name SUMMERHILL HOMEOWNER'S ASSOCIATION OF OCALA, INC.			
2. Principal Office Address - No P.O. Box # c/o Rialto Capital Advisors, LLC		3. Mailing Office Address c/o Rialto Capital Advisors, LLC	
Suite, Apt. #, etc. 730 NW 107th Ave, Ste 400		Suite, Apt. #, etc. 730 NW 107th Ave, Ste 400	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33172	Country US	Zip 33172	Country US
7. Name and Address of Current Registered Agent			
Name CT Corporation System			
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road			
Suite, Apt. #, Etc.			
City Plantation		State FL	Zip Code 33324
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0606 or 617.0603, F.S.			
Signature of Registered Agent <i>Macoma Cuccini</i>		Macoma Cuccini Special Assistant Secretary 01/19/2012	
9. Names and Street Addresses of Each Officer and/or Director (Florida registered 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
D	Aimee Carlson	730 NW 107th Ave, Ste 400	Miami, Florida 33172
D	Martin Urruela	730 NW 107th Ave, Ste 400	Miami, Florida 33172
D	Stacie Donahue	730 NW 107th Ave, Ste 400	Miami, Florida 33172
10. E-mail Address: aimee.carlson@rialtocapital.com (To be used for adverse action report notifications)			
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.817.185, F.S.			
SIGNATURE: <i>Aimee Carlson</i>		Aimee Carlson 12/13/2011 (305)229-6400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

REINSTATEMENT

11-12 CR38081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida March 02, 2006

5. FEI Number ☐ Applied For ☒ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☒ ☐ ☐180
1/20

01/19/2012

H12000017230 3