. PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FLORIDA DEPARTMENT OF STATE CORPORATION 09 APR -9 AM 10: 31 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # NO6 000009 159 700143189797 02/09/09--01055--018 \*\*210.00 akeside at Blue Mountain Beach Owners Association, Inc. CR2E081 (12/08) ₹35.00 01008 4. Date incorporated or Qualified Not Applicable \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 🔽 for a Certificate of Status □ The reinstatement fee is imposed, except in hrogerty Management 2055 Pril 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. rporation, am familiar with and accept the obligations of section 607,0505 or 617.0 Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of Titles City / State / Zip Officers and/or Directors Officer and/or Director BOYLOOD ROAD CO. Hy 83A 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 filling 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 contained in Chapter 119, F.S. The information indicated on this application is true

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC