Dawn Cardenas 800-432-3622 (02/03) 11/04/2016 08:09:46 AM

Florida Department of State

Division of Corporations

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To:

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

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (800)345-4647
Fax Number : (800)432-3622

16 NOV -4 AM 11:53

TALLAHASSEE, FLORIDA

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

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CORPORATION REINSTATEMENT

TIERRA DEL SOL OWNERS ASSOCIATION, INC.

Certificate of Status	0
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TALLAHASSEE FLORIDA

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06000010585

1. Corporation Name

TIERRA DEL SOL OWNERS ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #
5020 W. Linebaugh Avenue
Suite, Apt. #, etc.
Suite 250
City & State
Tampa
Zip 33624 Country USA

3. Mailing Office Address
5020 W. Linebaugh Avenue
Suite, Apt. #, etc.
Suite 250
City & State
Tampa
Zip 33624 Country USA

4. Date Incorporated or Qualified To Do Business in Florida
10/09/2006

5. FEI Number
N/A
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED
Yes
$8.75 Additional Fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name
TULA MICHELE HAFF, Esquire
Street Address (P.O. Box Number's Not Acceptable)
135 North 6th Street
Suite, Apt. #, Etc.
Second Floor
City
Haines City
State FL Zip Code 33844

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 Tula Michele Haff Date 11/3/2016
REGISTERED AGENT MUST SIGN

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	Scott Campbell	5020 W. Linebaugh Avenue	Tampa, FL 33624
D	David Jae	5020 W. Linebaugh Avenue	Tampa, FL 33624
D	Adam Lerner	5020 W. Linebaugh Avenue	Tampa, FL 33624

REINSTATEMENT

2013-2016

S. HAWKES
NOV - 4 A.M.
EXAMINER

10. E-mail Address: scampbell@lerneradvisors.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 said chapter 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify that 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 817.155, F.S.

SIGNATURE: Scott Campbell 11-2-16 954-698-0984
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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