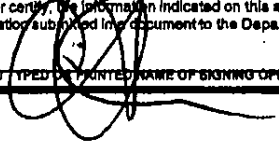


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

13 JUN 26 PM 2:09

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		CR2E081 (11/10)	
DOCUMENT # <u>N06246</u>					
1. Corporation Name <u>Serendipity Section One Association, Inc.</u>					
2. Principal Office Address - No P.O. Box # <u>358 34th Ave Dr. E</u>		3. Mailing Office Address <u>SAVE</u>		4. Date Incorporated or Qualified To Do Business in Florida <u>11/19/1984</u>	
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____		5. FEI Number <u>650034367</u>	
City & State <u>Bradenton, FL</u>		City & State _____		Applied For ☐ Not Applicable	
Zip <u>34208</u>	Country <u>USA</u>	Zip _____	Country _____	6. CERTIFICATE OF STATUS DESIRED ☒ Yes	
7. Name and Address of Current Registered Agent					
Name <u>Goede Adamczyk & DeBoest, PLLC</u>					
Street Address (P.O. Box Number is Not Applicable) <u>8950 Foresta Del Sol Way</u>					
Suite, Apt. #, Etc. <u>Suite 100</u>					
City <u>NAPLES</u>		State <u>FL</u>	Zip Code <u>34109</u>		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.					
Signature of Registered Agent _____				Date <u>4/12/13</u>	
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	Tracy Dalton - D	1785 Hancock St. #100		San Diego, CA 92110	
S	Angie Draucott - D	358 34 th Avenue Drive E		Bradenton, FL 34208	
T	Eric DeForest - D	292 34 th Avenue Drive E		Bradenton, FL 34208	
REINSTATEMENT					
R. HUNT					
10. E-mail Address: <u>JGoede@GAD-Law.com</u>					
(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: 					
SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <u>4-15-13</u> 239-331-5101					