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

DOCUMENT # N06246

1. Corporation Name: Serendipity Section One Association, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
35834th Ave Dr. E	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bradenton, FL	City & State
Zip: 34208 Country: USA	Zip Country

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 11/19/1984

5. FEI Number: 650034367 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED: Yes $30.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Goede, Adamczyk & DeForest, PLLC
Street Address (P.O. Box Number is Not Acceptable): 8950 Fontana Del Sol Way
Suite, Apt. #, etc.: Suite 100
City: Naples State: FL Zip Code: 34109

500247152085

04/24/13 01003 017

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 4/12/13

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
P	Tracy Dalton - D	1785 Hancock St. #100	San Diego, CA 92110
S	Angie Draycott - D	358 34th Avenue Drive E.	Bradenton, FL 34208
T	Eric DeForest - D	292 34th Avenue Drive E.	Bradenton, FL 34208

REINSTATEMENT

JUN 26 2013

R. HUNT

10. E-mail Address: JGoede@GAD-Law.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: _____ 4-15-13 239-331-5101

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