PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
18 APR 30 PM 6:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

100312300211
04/19/18--01021--001 **236.25

CR2B081 (11/10)

DOCUMENT #

1. Corporation Name

N07000009150
Newberry Pl HOA Association Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5208 SW 91st Drive	5208 SW 91st Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Gainesville, FL	City & State: Gainesville, FL
Zip: 32608 Country: USA	Zip: 32608 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 9/17/2007

5. FEI Number: 26-1641429 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Management Specialists Services LLC

Street Address (P.O. Box Number is Not Acceptable): 5208 SW 91st Drive

Suite, Apt. #, Etc.

City: Gainesville | State: FL | Zip Code: 32608

MAY 01 2018

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: [signature] as agent has authority to sign Date: 4/26/18
REGISTERED AGENT MUST SIGN on behalf of Newberry Place

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	Laura de Cabrera	5208 SW 91st Drive	Gainesville, FL 32608
VP	Darin Patterson	5208 SW 91 Drive	Gainesville FL 32608
S	Lisa Kolak	5208 SW 91 Drive	Gainesville FL 32608
T	Esh Singh	5208 SW 91 Drive	Gainesville FL 32608
D	Alan Escobar	5208 SW 91 Drive	Gainesville FL 32608

10. E-mail Address: newberryplace@mssgainesville.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: [signature] as agent Lori Anderson 4/12/18
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Signature: [signature] as agent Officer