


PLEASE READ ALL INSTRUCTIONS BEFORE CC

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

FILED  
Feb 01 1999 8:00 am  
Secretary of State

DOCUMENT # N07106

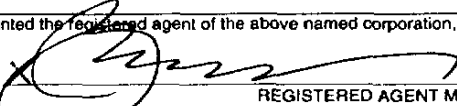
1. Corporation Name **FAIRWAY Woods  
Property Owners Association, Inc.**

Principal Place of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_  
  
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <b>2106 Golfview Drive</b>		3. New Mailing Office Address, If Applicable <b>2106 Golfview Drive</b>		4. Date Incorporated or Qualified To Do Business in Florida <b>5/11/82</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>50-2500780</b>	
City & State <b>PLANT CITY FL</b>		City & State <b>PLANT CITY FL</b>		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip <b>33567</b> Country <b>USA</b>		Zip <b>33567</b> Country <b>USA</b>		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

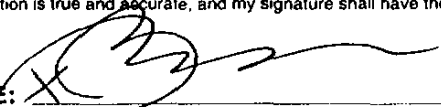
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/DIR	Mike Sparkman	2106 Golfview Drive	Plant City, FL 33567
VP/DIR	Dennis Peyton	1906 Sweetbay Court	Plant City, FL 33567
ST/DIR	DAVID BARRON	1802 Golfview Drive	Plant City, FL 33567
6000002764726--6 -02/04/99--01056--003 ****551.25 ****551.25			

8. Name and Address of Current Registered Agent <b>Mike Sparkman 2106 Golfview Drive PLANT CITY, FL 33567</b>	9. Name and Address of New Registered Agent Name <b>Mike SPARKMAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>2106 Golfview Drive</b> Suite, Apt. #, Etc. City <b>PLANT CITY</b> State <b>FL</b> Zip Code <b>33567</b>
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  
Signature of Registered Agent  REGISTERED AGENT MUST SIGN Date **1/28/99**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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., 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 under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**MIKE SPARKMAN** Date **1/28/99** 813-754-9554 Daytime Phone #

CR2E040 (1/98)