FILED

2016 AUG -1 AM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 09 2016

C. CARROTHERS

CR2E081 (11/10)

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N11000004531

1. Corporation Name

FIDDLERS WALK HOA

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2558 FIDDLERS CIR.	- SAME -
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CANTONMENT, FL	City & State: SAME
Zip: 32533 Country: USA	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 2011

5. FEI Number: 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: PAGE ADAMS

Street Address (P.O. Box Number is Not Acceptable): 2558 FIDDLERS CIRCLE

Suite, Apt. #, etc.:

City: CANTONMENT State: FL Zip Code: 32533

300280858T823
08/01/16--01038-020 **210.00

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: Page Adams Date: 6-21-2016

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
P	PAGE ADAMS	2558 FIDDLERS CIR.	CANT. FL 32533
VP	MIKE RIDEOUT	2539 FIDDLERS CIR.	CANT. FL 32533

10. E-mail Address: pageadams@cox.net
(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: Page Adams PAGE ADAMS 6-21-16 850-393-0809

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