PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 DEC -9 PM 4:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 19405

CR2E081 (8/05)

DOCUMENT # N11608

1. Corporation Name
CEDAR PINES East HOMEOWNERS' ASSOCIATION, INC.

2. Principal Office Address	3. Mailing Office Address
1881 Professional Park Circle	
Suite, Apt. #, etc.: Suite 80	Suite, Apt. #, etc.:
City & State: Tallahassee, FL	City & State: Tallahassee, FL
Zip: 32308 Country: USA	Zip: Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/15/85

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: Paul Richard Parker

Street Address (P.O. Box Number is Not Acceptable): 3201 W. Highway 98

Suite, Apt. #, Etc.:

City: Panama City State: FL Zip Code: 32401

600062207478
12/15/05--01056--017 **8.75

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: Paul Richard Parker
REGISTERED AGENT MUST SIGN

Date: 11/8/05

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
D/Pres	Julio Arrecis	522 East Jefferson Street	Tallahassee, FL 32301
D/VP	Jeff Stilwell	1830 North Monroe Street	Tallahassee, FL 32303
D/S/T	D. W. Bunnell	1881 Professional Park Circle, Suite 80	Tallahassee, FL 32308
D	Paul Richard Parker	3201 W. Highway 98	Panama City, FL 32401

10. 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: D.W. Bunnell D.W. Bunnell D/S/T 12/1/05 850-893-6507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2/2

Cedar Pines Homeowners' Association, Inc.
c/o D. W. Bunnell
1881 Professional Park Circle, Suite 80
Tallahassee, FL 32308
December 1, 2005

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Fl 32314

Re: Reinstatement of Corporation

Dear Sir or Madam:

Enclosed is a check for $918.75 for the reinstatement of Cedar Pines Homeowners' Association, Inc. I ask that you waive the reinstatement fee because I did not receive the notices for the 1991 annual filings. Thank you.

Yours truly,

D. W. Bunnell

D. W. Bunnell, Sec/Treas for
Cedar Pines Homeowners' Association, Inc.