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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 2010-2015		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 147038 N13797			
1. Corporation Name REFLECTIONS HOMEOWNERS ASSOCIATION, INC.			
2. Principal Office Address - No P.O. Box # 4901 BIRCH ST Suite, Apt. #, etc.		3. Mailing Office Address 4901 BIRCH ST Suite, Apt. #, etc.	
City & State NEWPORT BEACH, CA Zip CA Country USA		City & State NEWPORT BEACH, CA Zip 92660 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 03/12/1988		5. FRI Number 85-0119801	
6. CERTIFICATE OF STATUS DESIRED		Applied For ☐ For Application	
7. Name and Address of Current Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD City, Apt. #, etc. City PLANTATION State FL Zip Code 33324			
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S. Signature of Registered Agent <i>Richard M. Cunningham</i> Date 6/22/2015 REGISTERED AGENT (JUST SIGN)			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	FRANK T. SURYAN, JR.	4901 BIRCH ST	NEWPORT BEACH, CA 92660
T	CANDACE RICE	4901 BIRCH ST	NEWPORT BEACH, CA 92660
S/D	MICHAEL A. BARMETTLER	4901 BIRCH ST	NEWPORT BEACH, CA 92660
10. E-mail Address: sj@yon1.com (To be used for future correspondence)			
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.617.103, F.S.			
SIGNATURE: <i>[Signature]</i> 6/19/15		DATE	

K. ASHTON

Florida Department of State
Division of Corporations
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**CORPORATION REINSTATEMENT
REFLECTIONS HOMEOWNERS ASSOCIATION, INC.**

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