PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
17 MAY -2 AM 9:45
SEC. OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14000003865

1. Corporation Name
The Villas at Nocatee Association, Inc.

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
411 S Central Ave	411 S Central Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite B	Suite B
City & State	City & State
Flagler Beach, FL	Flagler Beach, FL
Zip / Country	Zip / Country
32136 / US	32136 / US

4. Date Incorporated or Qualified To Do Business in Florida: 4/21/14

5. FEI Number: 30-0826868 (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: Lea A Stokes
Street Address (P.O. Box Number is Not Acceptable): 411 S Central Ave
Suite, Apt. #, Etc.: Suite B
City: Flagler Beach | State: FL | Zip Code: 32136

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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: _____ Date: 4/26/17
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	Maurice Rudolph	411 S Central Ave, Suite B	Flagler Beach, FL 32136
VP	Liam O'Reilly	411 S Central Ave, Suite B	Flagler Beach, FL 32136
S	Patricia Gruden	411 S Central Ave, Suite B	Flagler Beach, FL 32136

10. E-mail Address: Accounting@preferredmanagementservices.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: _____ Liam O'Reilly — 4-26-17 — 904-825-3039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #