PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUL 24 PM 1:20

DOCUMENT # N14208

1. Corporation Name
KEYSTONE RECREATION ASSOCIATION, INC.

REINSTATEMENT 98-00

2. Principal Office Address	**3.** Mailing Office Address
PECAN + ORCHID	POBOX 516
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: KEYSTONE HEIGHTS, FL	City & State: KEYSTONE HEIGHTS FL.
Zip: 32656 Country: USA	Zip: 32656 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 04/07/86

5. FEI Number: 59-2900885 ☐ 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: TY PAULK

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-08/01/00--01048--001
****358.75 ****358.75

Street Address (P.O. Box Number is Not Acceptable): 6412 CR 214

Suite, Apt. #, Etc.:

City: KEYSTONE HEIGHTS, FL 32656 State: FL Zip Code: 32656

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: TY Paulk Date: 7/20/00
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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	T.Y. PAULK	6412 CR214,	KEYSTONE HEIGHTS, FL 32656
V	TREVOR WATERS	2380 SE 30R ST	MELROSE, FL 32666
VD	JANIS WATERS	2380 SE 30R ST	MELROSE, FL 32666
TD	JAMIE TURNER	7135 ROLLINS ST	KEYSTONE HEIGHTS, FL 32666
SD	LORRAINE PAULK	6412 CR 214	KEYSTONE HEIGHTS, FL 32656
M	CARRIE TURNER	7135 ROLLINS ST	KEYSTONE HEIGHTS, FL 32656

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: TY Paulk 7/20/00 352473-0404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #