PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
2005 SEP 28 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14208

1. Corporation Name

Keystone Recreation Association, Inc.

REINSTATEMENT 04-05

CR2E081 (8/05)

2. Principal Office Address		**3.** Mailing Office Address	
6725 Little Rain Lake Rd		P.O. BOX 516	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Keystone Heights		City & State: KEYSTONE HEIGHTS FL	
Zip: 32656	Country: USA	Zip: 32656	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 04/07/1986

5. FEI Number: 592900885 ☐ 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: Daniel T. White, Esq.

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10/04/05--01027--008 **30[illegible].25

Street Address (P.O. Box Number is Not Acceptable): c/o Commerce Law Group, a professional limited company

Suite, Apt. #, Etc.: 1115 NW 13st Street

City: Gainesville | State: FL | Zip Code: 32601

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: _____ (REGISTERED AGENT MUST SIGN) Date: 9/23/05

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
P/D	Lisa Cravey	6725 Little Rain Lake Rd	KEYSTONE HEIGHTS FL 32656
VP/T/D	Tonya Gibbs	6725 Little Rain Lake Rd	KEYSTONE HEIGHTS FL 32656
D	Ronald Thomas	6725 Little Rain Lake Rd	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: Tonya A. Gibbs Tonya A. Gibbs, VP 9/23/2005 352-494-0010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

9/28 aw