PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JAN -8 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N14208**

1. Corporation Name

KEYSTONE RECREATION ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PECANT & ORCHID KEYSTONE HEIGHTS FL 32656	P.O. BOX 516 KEYSTONE HEIGHTS FL 32656

REINSTATEMENT 02

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

5. FEI Number: 59-2900885 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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01-08/03--01041--008 **236.25

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	~~PAULK, TY~~ WELBORN, REBECCA	~~6412 CR 214~~ POBOX 122	KEYSTONE HEIGHTS FL 32656
V	~~WATERS, TREVOR~~ ~~Res~~	~~2380 SE 30TH ST~~	~~MELROSE FL 32666~~
DV	~~WATERS, JANIS~~ PAULA NEIMEYER	~~2380 SE 30TH ST~~ 8245 Melrose Rd.	MELROSE FL 32666
TD	~~TURNER, JAMIE~~ CRYSTAL WALKER	~~7135 ROLLINS ST~~ 49168 NATURE DRIVE	KEYSTONE HEIGHTS FL 32656
SD	~~PAULK, LORRAINE~~ THOMAS, RENEE	~~6412 CR 214~~ 5677 CHRISTIAN CAMP RD	KEYSTONE HEIGHTS FL 32656
M	~~LOTT, DONNIE~~ HARVIN, BRUCE	~~6489 CR 21B~~ 635 DOVE ST.	KEYSTONE HEIGHT FL 32656

8. Name and Address of Current Registered Agent

~~PAULK, TY~~
~~6412 CR 214~~
~~KEYSTON HEIGHTS FL 32656~~
WELBORN, REBECCA
POBOX 122
Keystone Hgts, FL 32656

9. Name and Address of New Registered Agent

Name: WELBORN, REBECCA
Street Address (P.O. Box Number is Not Acceptable): 6663 AUTUMNWOOD COURT
Suite, Apt. #, Etc.:
City: KEYSTONE HEIGHTS State: FL Zip Code: 32656

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: Rebecca M. Welborn SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date: 12/11/02

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., 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: Rebecca M. Welborn SIGNATURE REQUIRED REBECCA M. WELBORN 12/11/02 352-473-7774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #