PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2
LBR

CORPORATION REINSTATEMENT

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

FILED
02 APR -8 PM 5:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N15020

00-02

1. Corporation Name
TREASURE COAST AIR PARK Property Owners Association, Inc.

2. Principal Office Address	3. Mailing Office Address
12354 CESSNA TR.	
Suite, Apt. #, etc.	Suite, Apt. #, etc. SAME
City & State PORT ST. LUCIE, FL	City & State
Zip ~~34~~ 34987 Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 650118302 ☐ 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: ROB KERMANJ

200005326562--3
-04/23/02--01050--016
****183.75 ****183.75

Street Address (P.O. Box Number is Not Acceptable): ~~SAME AS ABOVE~~ 12354 CESSNA TR.

Suite, Apt. #, Etc.

City: PORT ST. LUCIE, FL 34987 State: FL Zip Code

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 1/30/02
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
PRES.	ROB KERMANJ ED	12350 GOLDEN EAGLE ~~PSL FL 34987~~	PORT ST. LUCIE, FL 34987
VP	BERNIE KERR D	12450 GRUMMAN WAY	PSL. FL 34987
SEC. TREAS	DEBBIE BOYCE D	12374 GRUMMAN WAY	P.S.L. FL 3498?

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: _____ ROB KERMANJ, PRES. 1/30/02 561 460-3907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E084 (01/11)

Treasure Coast Air Park
12354 Cessna Tr.
Port Saint Lucie, Florida 37987

Wed, Jan 30, 2002

Department of State
Division of Corporations
P.O. Box 6327
tallahassee, FL 32314

Dear Sir:

Enclosed ia a check in the amount of $450 for the renewal of our corporation status. As a corporation for a Homeowners Association, we have had various Directors with a change of address each year. As such, we have not received the notices to renew our corporation.

We hope you consider the above in your evaluation of the fees due for our renewal.

Sincerely,
Rob Kermanj
President