PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ACCEPTED AND FILED
01 DEC 13 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # N19069

1. Corporation Name
Ferrell Forest Homeowners Association, Inc.

2. Principal Office Address	**3.** Mailing Office Address
266 Forest Rd	266 Forest Rd
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: Havana Florida	City & State: Havana Florida
Zip: 32333 Country: USA	Zip: 32333 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 02/03/1987

5. FEI Number 59-3031809 ☐ 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: Jennifer F. Grant

Street Address (P.O. Box Number is Not Acceptable): 266 Forest Rd

900004741143--2
-12/27/01--01035--029
****673.75 ****673.75

Suite, Apt. #, Etc. —

City: Havana State: FL Zip Code: 32333

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: Jennifer F. Grant — REGISTERED AGENT MUST SIGN

Date: 12-13-01

CR2E081 (9/00)

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
DP	Ronald Warner	191 Forest Rd	Havana, FL 32333
DV	Michelle Bridges	421 Forest Rd	Havana, FL 32333
DST	Jennifer Grant	266 Forest Rd	Havana, FL 32333

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: Ronald E Warner — 12-13-01 — 575-7345

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #