PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB 15 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N22971

1. Corporation Name

Summerfield Townhomes Homeowner's Association, Inc.

2. Principal Office Address	3. Mailing Office Address
2425 Summerfield Way	2425 Summerfield Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Kissimmee Fl 34741	Kissimmee Fl 34741
Zip: 34741 Country: USA	Zip: 34741 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/12/87

5. FEI Number: ☐ 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: Raymond W. Tompkins

Street Address (P.O. Box Number is Not Acceptable): 2425 Summerfield Way

Suite, Apt. #, Etc.:

City: Kissimmee State: FL Zip Code: 34741

REINSTATEMENT 2-8-05

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: Raymond W Tompkins Raymond W. Tompkins Date: 02/04/05
REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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
Pres.DR	Raymond W. Tompkins	2425 Summerfield Way	Kissimmee Fl 34741
V-PDR	Serena F. Tompkins	1912 Spruce Ct.	Maitland, Fl 32751
Sec DR	Kevin W. Tompkins	1708 Cinnamon Circle	Casselberry Fl 32707
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		100047347021 02/28/05--01007--002 **8.45	

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: Raymond W. Tompkins (407) 847 7222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Raymond W. Tompkins — Date — Daytime Phone #