


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	<div style="font-size: 2em; font-weight: bold;">FILED</div> <div style="font-weight: bold;">13 APR 18 PM 12:31</div> <div style="font-weight: bold;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>																								
DOCUMENT # N27651 1. Corporation Name Waterford Crossing Homeowners Association, Inc.		<div style="font-size: 1.5em; font-weight: bold; text-align: center;">REINSTATEMENT 2013</div>																									
2. Principal Office Address - No P.O. Box # 2821 Sherbrook Ln. Suite, Apt. #, etc. Suite A City & State Palm Harbor, FL Zip Country 34684 USA		3. Mailing Office Address c/o SunCoast Property Services P.O. Box 11624 Suite, Apt. #, etc. City & State Palm Harbor, FL Zip Country 34682 USA																									
7. Name and Address of Current Registered Agent Name Dorothy Spriggs - SunCoast Property Services Street Address (P.O. Box Numbers Not Acceptable) 2821 Sherbrook Ln. Suite, Apt. #, etc. Suite A City Palm Harbor State FL Zip Code 34684		4. Date incorporated or Qualified To Do Business in Florida 7-28-1988 5. FEI Number 592901125 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$875 Additional Fee required for a Certificate of Status																									
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 <i>Dorothy Spriggs - agent</i> Date 4-2-13 REGISTERED AGENT MUST SIGN																											
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 30%;">Name of Officers and/or Directors</th> <th style="width: 30%;">Street Address of Each Officer and/or Director</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>Pres.</td> <td>Betty Watsman</td> <td>2676 Challenger Dr.</td> <td>Palm Harbor, FL 34683</td> </tr> <tr> <td>VP</td> <td>Wayne Campbell</td> <td>2696 McNair Dr.</td> <td>" "</td> </tr> <tr> <td>Sec.</td> <td>Terri Davis</td> <td>2751 Challenger Dr.</td> <td>" "</td> </tr> <tr> <td>Tre.</td> <td>Sam Wahn</td> <td>2721 McNair Dr.</td> <td>" "</td> </tr> <tr> <td>Dr.</td> <td>Joe Wall</td> <td>2851 Jarvis Cir.</td> <td>" "</td> </tr> </tbody> </table>				Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	Pres.	Betty Watsman	2676 Challenger Dr.	Palm Harbor, FL 34683	VP	Wayne Campbell	2696 McNair Dr.	" "	Sec.	Terri Davis	2751 Challenger Dr.	" "	Tre.	Sam Wahn	2721 McNair Dr.	" "	Dr.	Joe Wall	2851 Jarvis Cir.	" "
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10. E-mail Address: dallaspr@yaho.com (To be used for future annual report notification)																											
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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. SIGNATURE: <i>E. Lyndell R. Harbome</i> Date 4-10-13 Daytime Phone #																											