PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
01 MAR 27 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N29594

1. Corporation Name
RHC MASTER ASSOCIATION INC

Mailing Address
1749 NORTHGATE BLVD
SARASOTA FL 34234

Principal Place of Business
SAME

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

REINSTATEMENT 00-01

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

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

4. Date Incorporated or Qualified To Do Business in Florida
DECEMBER 1988

5. FEI Number
59-2973386
☐ Applied For
☐ Not Applicable

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

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES.D	FRENCHY FORTIN	4934 WILLOW RIDGE	VALRICO FL 33594
V-P D	BRUCE BREDEHOFT	5210 LAUREL POINTE	VALRICO FL 33594
SEC.D	RICK MASSIMEI	3350 STONEBRIDGE	VALRICO FL 33594
TREAS D	PHIL MC GEE	5214 TWIN CREEKS	VALRICO FL 33594
D	TOM POWELL	3508 AUTUMN GLEN	VALRICO FL 33594
D	ANDY PFEIFFER	3410 CYPRESS LANDING	VALRICO FL 33594

8. Name and Address of Current Registered Agent
DAVID L. LISTON
JMC PROPERTY MANAGEMENT
1749 NORTHGATE BLVD
SARASOTA FL 34234

9. Name and Address of New Registered Agent
Name
100003932111--1
Street Address (P.O. Box Number is Not Acceptable)
030401--0102--012
****297.50 ****297.50
Suite, Apt. #, Etc.
City | State FL | Zip Code

CR2E040 (6/94)

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.

Signature of Registered Agent David L Liston Date 2/23/01
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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 Claude Fortin CLAUDE FORTIN 3/20/01 (813) 685-9651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #