PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
*Secretary of State*
DIVISION OF CORPORATIONS

FILED
17 MAY -5 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N33096

1. Corporation Name

Southchase Parcel 6

| 2. Principal Office Address - No P.O. Box # | | 3. Mailing Office Address | |
|---|---|---|---|
| 385 Douglas Ave | | 385 Douglas Ave | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| 3350 | | 3350 | |
| City & State | | City & State | |
| Altamonte Springs | | Altamonte Springs | |
| Zip | Country | Zip | Country |
| 32714 | USA | 32714 | USA |

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 6-3-1989

5. FEI Number: 59-3023308 — 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: Theresa M. McDowell, Esquire

Street Address (P.O. Box Number is Not Acceptable): 111 N. Orange Ave.

Suite, Apt. #, Etc.: Suite 2000

City: Orlando | State: FL | Zip Code: 32801

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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: [signature] Date: 5/1/17

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 |
|---|---|---|---|
| P | White Matthew | 385 Douglas Ave. 3350 | Altamonte Springs FL 32714 |
| VP | Wisneski, Carl | 385 Douglas Ave. 3350 | Altamonte Springs FL 32714 |
| T | Sanchez, Livio | 385 Douglas Ave. 3350 | Altamonte Springs FL 32714 |
| | | | |
| | | | |
| | | | |

10. E-mail Address: sunday.wright@fsresidential.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: Matthew White — 5-1-2017

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

RE 5/9/17