PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

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

FILED
01 FEB 14 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N36152

**1.** Corporation Name

Ashton Homeowners' Association, Inc.

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| 5200 NW 43rd Street Suite 102-217 | Same |
| Suite, Apt. #, etc. Suite 102-217 | Suite, Apt. #, etc. |
| City & State Gainesville, FL | City & State |
| Zip 32606 / Country | Zip / Country |

REINSTATEMENT 00-01

**4.** Date Incorporated or Qualified To Do Business in Florida 1/18/1990 **SP**

**5.** FEI Number 593015287 ☐ 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: David E. Menet

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-02/26/01--01002--012
****297.50 ****297.50

Street Address (P.O. Box Number is Not Acceptable): 703 NE 1st Street,

Suite, Apt. #, Etc.:

City: Gainesville | State: FL | Zip Code: 32601

**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: David E. Menet REGISTERED AGENT MUST SIGN

Date: 2/6/2001

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 |
|---|---|---|---|
| P/D | Nancy Kukulka | 4512 NW 58th Avenue | Gainesville, FL 32653 |
| V/D | Cindy Cripe | 5518 NW 45th Drive | Gainesville, FL 32653 |
| S/D | Barbara Ornstein | 4526 NW 58th Place | Gainesville, FL 32653 |
| T/D | Richard Albrecht | 4306 NW 58th Avenue | Gainesville, FL 32653 |
| D | Gordon Burleson | 5331 NW 45th Drive | Gainesville, FL 32653 |
| | | | |

**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:** Nancy L Kukulka 2/13/01 352/379-0398

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