PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 JUL 23 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N36773

1. Corporation Name
Cedar Point Homeowners Asso. Inc.

ORIGINAL — New

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 5169 Rose Hill Dr | 10780 Cedar Point Blvd |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| Boynton Beach 71 | Boynton Beach 71 |
| Zip: 33437 Country: | Zip: 33437 Country: PBC |

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 6-26-1981

5. FEI Number: 47-1146987 — Applied For / Not Applicable

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

Original

7. Name and Address of Current Registered Agent

Name: Steven D. Rubin

Street Address (P.O. Box Number is Not Acceptable): 980 N. Federal Hwy

Suite, Apt. #, Etc.: Suite 311

City: Boca Raton — State: FL — Zip Code: 33473

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07/23/14--01025--020 **1645.00

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: Edward Dicker Edward Dicker Date: 7/21/14
REGISTERED AGENT MUST SIGN
Dicker Krivok & Stoloff 1818 Australian Ave S, West Palm Beach FL 33409

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 | Esther Rolfe | 5115 Rose Hill Dr | Boynton Bch 71 33437 |
| VP | Lorraine Schatz | 5096 Kinswood Rd | Boynton Bch 71 33437 |
| Treas | Patrick Garbowski | 5027 Rose Hill DR | Boyn. Bch 71 33437 |
| | | | |
| | | | |
| | | | |

10. E-mail Address: PIONAC463@Hotmail.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: Esther F Rolfe — June 2 2014 — 561 312 4279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ESTHER F Rolfe