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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N37568

1. Corporation Name
Canyon Springs Resort Homeowners' Association, Inc.

REINSTATEMENT 04-05

2. Principal Office Address	3. Mailing Office Address
PO Box 123	PO Box 123
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fountain FL	City & State: Fountain FL
Zip: 32438 Country: US	Zip: 32438 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 04/18/90

5. FEI Number: 59-3114345 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Sharon Robertson

Street Address (P.O. Box Number is Not Acceptable): 944 Hammond Lake Dr

Suite, Apt. #, Etc.:

City: Fountain State: FL Zip Code: 32438

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Sharon Robertson Date: 4-7-05
REGISTERED AGENT MUST SIGN

CR2E031 (04/97)

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
D	Benny Chastain	PO Box 13235	Tallahassee, FL 32317
D,P	CW Mauldin	1400 Twin Pines Lane	Panama City FL 32404
D	Gladys Shiver	8011 Blanche St.	Panama City, FL 32404
D	Herbert McFatter	984 Hammond Lake Dr	Fountain, FL 32438
ST	Sharon Robertson	944 Hammond Lake Dr	Fountain, FL 32438

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: Sharon Robertson Sec./Treas. 4-7-05 850-774-6957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2072

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

CANYON SPRINGS RESORT HOMEOWNERS' ASSOCIATION, INC.

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