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TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 2010-2015

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # N47038

1. Corporation Name

REFLECTIONS CONDOMINIUM 3 ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4901 BIRCH ST	4901 BIRCH ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NEWPORT BEACH, CA	City & State: NEWPORT BEACH, CA
Zip: CA / Country: USA	Zip: 92660 / Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 01/27/1992

5. FEI Number: 33-0568870 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $6.25 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: NRAI SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, etc.:

City: PLANTATION — State: FL — Zip Code: 33324

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: Vickie M. Cunningham — Date: 6/22/2015

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/D	FRANK T. SURYAN, JR.	4901 BIRCH ST	NEWPORT BEACH, CA 92660
T	CANDACE RICE	4901 BIRCH ST	NEWPORT BEACH, CA 92660
S/D	MICHAEL A. BARMETTLER	4901 BIRCH ST	NEWPORT BEACH, CA 92660

10. E-mail Address: s[illegible]on1.com

(To be used for future annual report notifications)

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 whenever 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: [signature] — 6/19/15

SIGNATURE AND TITLE OR PRINT NAME OF PRESIDENT OR DIRECTOR — Date — Daytime Phone #

K. ASHTON

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Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT
REFLECTIONS CONDOMINIUM 3 ASSOCIATION, INC.

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