PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 APR 19 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N47561

1. Corporation Name
RIO PINAR LAKES - UNIT 4 COMMUNITY ASSOCIATION

2. Principal Office Address
206 ELM AVE
Suite, Apt. #, etc.
City & State
SANFORD, FL
Zip 32771 Country

3. Mailing Office Address
P.O. BOX 1747
Suite, Apt. #, etc.
City & State
SANFORD, FL
Zip 32772-1747 Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-2140596 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name
ANGELIA GORDON PROPERTY Management INC.
Street Address (P.O. Box Number is Not Acceptable)
206 ELM AVE
Suite, Apt. #, Etc.
City
SANFORD
State FL Zip Code 32771

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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 X Angelia Gordon-Agt/Pres Date 3/19/01
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P-D	Blyss Schoppert	2332 Palm Creek Ave.	Orlando, FL 32822
VP-D	Deanna Karam	2325 Palm Creek Ave	Orlando, FL 32822
ST-D	Rick Nelson	2331 Palm Creek Ave	Orlando, FL 32822
		REINSTATEMENT	00-01 FB

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 or 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: Blyss Schoppert 3/19/01 407 903 5832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #