PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2019 MAR -7 AM 1:05

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03/07/19--01022--002 **235.00

CR2E081 (11/10)

## DOCUMENT #

1. Corporation Name: Spoonbill Courtyard Homes Association inc.
N92000000220

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 6400 Manatee Ave W | 6400 Matee Ave W |
| Suite, Apt. #, etc.: Suite F | Suite, Apt. #, etc.: Suite F |
| City & State: Bradenton FL | City & State: Bradenton FL |
| Zip: 34209 Country: USA | Zip: 34209 Country: USA |

4. Date Incorporated or Qualified To Do Business in Florida: 11/12/1992

5. FEI Number: 65-0367106. ☑ 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: Jeff Richardson

Street Address (P.O. Box Number is Not Acceptable): C/O PMI holmes Beach Property Management

Suite, Apt. #, Etc.: 6400 Manatee Ave W Suite F

City: Bradenton State: FL Zip Code: 34209

REINSTATEMENT

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: Jeff Richardson — REGISTERED AGENT MUST SIGN

Date: 2/28/19

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 | Linda Henry | 2180 West SR 434 Ste 5000 | Longwood FL 32779 |
| VP | Richard Steinfirst | 2180 west SR 434 Ste 5000 | Longwood FL 32779 |
| Secret | Peter Hallett | 2180 west SR 434 Ste 5000 | Longwood FL 32779 |
| Treas | Joseph Murawski | 2180 west SR 434 Ste 5000 | Longwood FL 32779 |
| Manager | Jeff Richardson | 6400 Manatee Ave W | Bradenton FL 34209 |
| | | | |

MAR 7 2019
R. HUNT

10. E-mail Address: Clecounting@pmihbpm.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 to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Jeff Richardson — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/19 — Date

941-779-2223 — Daytime Phone #