PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAR -1 AM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000521

1. Corporation Name
MOLINO RECREATION ASSOCIATION

W05000008048

REINSTATEMENT 02-05

2. Principal Office Address	3. Mailing Office Address
2340 CRABTREE CH. RD.	P.O. BOX 533
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MOLINO FLORIDA	City & State: MOLINO FLORIDA
Zip: 32577 Country: ESCAMBIA	Zip: 32577 Country: ESCAMBIA

4. Date Incorporated or Qualified To Do Business in Florida: MARCH 1992

5. FEI Number: 593142080 ☐ 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: DONNIE L. NICHOLSON

600047923906
03/08/05--01016--006 **43.75

Street Address (P.O. Box Number is Not Acceptable): 3015 Hwy 182 W. Molino Rd

Suite, Apt. #, Etc.

City: MOLINO State: FL Zip Code: 32577

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: Donnie L. Nicholson Date: 02-26-05
REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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.	Donnie Nicholson	3015 Hwy 182 W. Molino Rd	Molino, Fl. 32577
VP	Otis Woods	2782 Angus Circle	Molino, Fl. 32577
Secr.	Sonja Luker	P.O. Box 578	Molino, Fl. 32577
Treas.	Darlene Hayes	7110 N. Hwy 95A	Molino, Fl. 32577

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: Donnie L. Nicholson 02-26-05 850-587-5539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

3/7 DN