PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION ~~REINSTATEMENT~~ Wrong

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 APR 20 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 94000001436

1. Corporation Name
Pine Walk Homeowners' Association, Inc.
Manor

REINSTATEMENT 02-05
5/26/04 01051 008 #358.75
3/31/02 90358 033 #61.25

2. Principal Office Address	3. Mailing Office Address
927 Pine Walk Ct. NE	P.O. Box 061415
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Bay, FL.	City & State: Palm Bay, FL.
Zip: 32905 Country: Brevard	Zip: 32906 Country: Brevard

4. Date Incorporated or Qualified To Do Business in Florida: 03/23/1994

5. FEI Number: 59-3220846 ☐ 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: Alma Peterson

Street Address (P.O. Box Number is Not Acceptable): 927 Pine Walk Ct. NE

Suite, Apt. #, Etc.:

City: Palm Bay State: FL Zip Code: 32905

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: Alma Peterson Date: 04/20/05
Alma Peterson REGISTERED AGENT MUST SIGN

CR2E031 (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
Preside	Alma Peterson	927 Pine Walk Ct. NE	Palm Bay/ FL./ 32905
Vice Pr	Bobby King	907 Pine Walk Ct. NE	Palm Bay/ FL./ 3905
Secreta	Trevor Matthews	912 Pine Walk Ct. NE	Palm Bay/ FL./ 32905
Treasul	Bob Gamerl	974 Pine Walk Ct. NE	Palm Bay/ FL./32905
Trustee	Nimi Gamerl	974 Pine Walk Ct. NE	Palm Bay/ FL./32905

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 110.07(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: Gamerl Nimi Gamerl, Trustee 4/~~14~~20/05 (321)722-0245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #