PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. ED وسر ، ،،مدلاً 09 SEP 16 AM 9: 42 FLORIDA DEPARTMENT OF STATE CORPORATION SEURETAKY OF STATE TALLAHASSEE, FLORIDA Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # N94000001558 1. Corporation Name Rustic Acres Units Three and Four **500160723865** 09/16/09--01025--005 **481.25 Homeowners Association Inc. 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address CR2E081 (12/08) NT 05-09 135 W. Pineview St. 135 W. Pineview St. 4. Date Incorporated or Qualified To Do Business in Florida 1997 City & State City & State 5. FEI Number Applied For Altamonte springs Altamonte Spines 59.32333286 Not Applicable \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 32714 32714 MJA 7. Name and Address of Current Registered Agent ☐ The reinstatement fee is imposed, except in Glassman David circumstances which the entity did not receive Street Address (P.O. Box Number is Not Acceptable) the prior notices. By checking this box, you 112 Annie Street are certifying the prior notices were not Suite, Apt. #, Etc. received and requesting the reinstatement Orlando fee be waived. City State Zip Code FL 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 eus H wondax Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Pirector (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Titles City / State / Zip 50 3153 Harvest lane Kissimmee VΩ Seataro 3157 Harvest TO Ŋ Ω Richard Penwen Pustic Kissimmee 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 contained in Chapter 119, F.S. The information indicated on this application is the and accurate, and my signature shall have the same legal effect as if made under oath.

Virginia Lamb

Daytime Phone #

SIGNATURE: