PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FO FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 1998 FEB 13 PM 4: 16 Secretary of State DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # N 94-00000 6112 1. Corporation Name Homeowners Association of Goulds, Inc. Principal Place of Business Mailing Address REINSTATEMEN' If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable 3 New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 12425 S.W. 226 St. 1994 Suite, Apt #, etc. 5. FEI Number Applied For City & State City & State Goulds, C C 65-053 2622 Not Applicable Florida Goulds. Florida \$8.75 Additional Fee required ^{Z©}33170 Dade. CERTIFICATE OF STATUS DESIRED 33170 for a Certificate of Status Dade 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors). Name of Officers Street Address of Each -02/17/887sa31088--001 Officer and/or Director
(Do NOT Use Post Office Box Numbers) Title(s) ****297.50 ****297.50 D 21785 S.W. 111 Avenue Lana W. Floyd Goulds, Florida 33170 Pres: Goulds, Fla., 33170 11871 S.W. 220th Street Goulds, Florida 33170 William Beaty Sec'y Goulds, Fla. 33170 11021 S.W. 220th Street D Vonnel1 Tillman Goulds, Florida 33170 V-Pres Goulds, Fla.33170 D 22230 S.W. 114th Court Joseph J. Washington Goulds, Florida 33170 Treas Goulds, Fla. 33170 Lillie P. Coleman 10888 S.W. 222nd Street Goulds, Florida 33170 Goulds, Fla. 33170 12425 S.W. 226th Street Lydia B. Walker Goulds, Florida 33170 D Goulds, Fla. 33170 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Lydia E. Walker Street Address (P.O. Box Number is Not Acceptable) 12425 S.W. 226th Street Suite, Apt. #, Etc. Goulds. Zip Code 33170 10. I, being appointed the registered another the above properly or portion, am familiar with and accept the obligations of Section 607.0505. F.S. Signature of Registered Agent _ Date January 31, 1998 Does this corporation pay any intangible tax to the (See other side for information No X

12. 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.

Yes

SIGNATURE:

URE AND TYPED OR PRINTED NAME SNING OFFICER OR DIRECTOR William E. Beat

Dept. of Revenue under S. 199.032, Florida Statutes.

9, 1998

(305) 258÷2065

Daytime Phone #

on intangible tax.)