
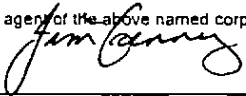



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; align-items: center; justify-content: space-between;"><div style="text-align: left;">CORPORATION REINSTATEMENT</div><div style="text-align: center;"></div><div style="text-align: right;">FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</div></div>		<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em;">19 APR 15 PM 1:38</div> <div style="font-size: 0.8em; margin-top: 10px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
DOCUMENT # N95000003272			
1. Corporation Name Emerald Pointe Homeowners Association			
2. Principal Office Address - No P.O. Box # 1331 Bedford Dr.		3. Mailing Office Address 1331 Bedford Dr.	
Suite, Apt. #, etc. 103		Suite, Apt. #, etc. 103	
City & State Melbourne, FL		City & State Melbourne, FL	
Zip 32940	Country US	Zip 32940	Country US
7. Name and Address of Current Registered Agent		4. Date Incorporated or Qualified To Do Business in Florida 07/11/1995	
Name James Kenney		5. FEI Number 59-3323209	
Street Address (P.O. Box Number is Not Acceptable) 1331 Bedford Dr.		<div style="display: flex; align-items: center;"><input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable</div>	
Suite, Apt. #, Etc. 103		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
City Melbourne		State FL	
		Zip Code 32940	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div>Signature of Registered Agent </div><div>Date 4/9/19</div></div> <p style="text-align: center; margin-top: 5px;">REGISTERED AGENT MUST SIGN</p>			
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
P	Pam Farmer	7648 Candlewick Dr.	Melbourne, FL 32940
VP	Jerry Hartlein	7608 Candlewick Drive	Melbourne, FL 32940
S	Edna Crandall	7636 Candlewick Dr.	Melbourne, FL 32940
T	Randy Palermo	7712 Candlewick Dr.	Melbourne, FL 32940
D	Beatrice Kim	7633 Candlewick Dr.	Melbourne, FL 32940
M	James Kenney	1331 Bedford Dr. Suite 103	Melbourne, FL 32940
10. E-mail Address: jimkenney@fairwaymgmt.com <small>(To be used for future annual report notification)</small>			
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 in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.			
SIGNATURE: 		Date 4-9-2019	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	