PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 29 AM 11:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

000023854660
10/29/03--01053--001 **61.25

REINSTATEMENT 03

000023854660
10/16/03--01045--005 **175.00

DOCUMENT # N96000005146

1. Corporation Name

ARROW POINTE ESTATES/ DEER RUN ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
829 BLUE HERON BLVD RUSKIN FL 33570-3813	829 BLUE HERON BLVD RUSKIN FL 33570-3813

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Thonotosassa	City & State: Fla
Zip: 33592 Country:	Zip: 33592 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 10/03/1996

5. FEI Number: NOT APPLICABLE — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BERKSTRESSER, ROBERT	11918 FLINT POINT PL	THONOTOSASSA FL 33592
S	JOLLY, THERESA	11914 FLINT POINTE PL	THONOTOSASSA FL 33592
T	DE VOE, CARI A	9910 ARROW POINTE CT	THONOTOSASSA FL 33592
PD	LOWE, LORI	9906 ARROW POINTE CT	THONOTOSASSA FL 33592
T	DEVOE, CARI	9910 ARROWPOINTE CT	THONOTOSASSA FL 33592
D	GWAHNEY, SAMANTHA	11910 FLINT POINTE PL	THONOTOSASSA FL 33592

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
WARD, CAROL H 829 BLUE HERON BLVD RUSKIN FL 33570	Name: CARI DeVoe Street Address (P.O. Box Number is Not Acceptable): 9910 Arrowpoint ct Suite, Apt. #, Etc.: City: Thona — State: FL — Zip Code: 33592

CR2E040 (7/03)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE Cari DeVoe
REGISTERED AGENT MUST SIGN
Date: Oct 10, 03

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., 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: SIGNATURE Cari DeVoe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: Oct 10, 03
Daytime Phone #