PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
**Jim Smith**
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV 26 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/26/02--01032--016 **481.25

REINSTATEMENT 98-02

DOCUMENT # N97000001183

**1.** Corporation Name

FOREST GREEN MERCHANTS AND HOMEOWNERS ASSOCIATION, INC.

| **2.** Principal Office Address | | **3.** Mailing Office Address | |
|---|---|---|---|
| 4540 Highway 20 East | | P.O. Box 5220 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State: Niceville, FL | | City & State: Niceville, FL | |
| Zip: 32578 | Country: USA | Zip: 32578 | Country: USA |

**4.** Date Incorporated or Qualified To Do Business in Florida: March 1, 1997

**5.** FEI Number: 59-3430145 ☐ 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: JEROME A. ZIVAN, ESQ.

Street Address (P.O. Box Number is Not Acceptable): 4540 Highway 20 East

Suite, Apt. #, Etc.:

City: Niceville | State: FL | Zip Code: 32578

**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: _____ Date: November 15, 2002
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

**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 |
|---|---|---|---|
| D | JEROME A. ZIVAN | 4540 Highway 20 East | Niceville, FL 32578 |
| D | HELENE R. HARRIS | 4540 Highway 20 East | Niceville, FL 32578 |
| D | Janelle G. Vaughn | 4540 Highway 20 East | Niceville, FL 32578 |
| | | | |
| | | | |
| | | | |

**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 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:** _____ Helene R. Harris, Director 11/15/2002 (850)897-6430 x11
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jr 12/2/02