PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 APR 20 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200195799432
03/08/11--01035--010 **787.50
200195799432
02/23/11--01023--007 **183.75

CR2E081 (11/10)

DOCUMENT # N98000000136

1. Corporation Name
Tarpon Bay Residents' Association, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
11541 Paige Court	P.O. Box 86
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Captiva, FL	City & State: Captiva, FL
Zip: 33924 Country: Lee	Zip: 33924 Country: Lee

4. Date Incorporated or Qualified To Do Business in Florida: 01/12/1998

5. FEI Number: NONE ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Tom Farmer
Street Address (P.O. Box Number is Not Acceptable): 15441 Paige Court
Suite, Apt. #, Etc.:
City: Captiva | State: FL | Zip Code: 33924

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: Thomas D. Farmer — REGISTERED AGENT MUST SIGN
Date: 4/15/11

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	Tom Farmer	11541 Paige Court	Captiva, FL 33924
S	Suri Sehgal	11540 Paige Court	Captiva, FL 33924
T	Suri Sehgal	11540 Paige Court	Captiva, FL 33924
	REINSTATEMENT		S. HAWKES
	1999 - 2011		APR 20 2011

10. E-mail Address: tfarmer@premierink.com
(To be used for future annual report notification)

EXAMINER

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: Thomas D. Farmer — Thomas D. Farmer — 4/15/11 — 239-472-7770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #