2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000000703

FILED Oct 08, 2007 Secretary of State

Entity Name: PAREMORE COMMUNITY HOMEOWNERS' ASSOCIATION INC. **Current Principal Place of Business: New Principal Place of Business:** 6504 NORTH MERIDIAN ROAD TALLAHASSEE, FL 32312 **Current Mailing Address: New Mailing Address:** 6736 NORTH MERIDIAN RD TALLAHASSEE, FL 32312 FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FOUTZ, WILLIAM SR WILSON, KERLEEN D 6504 N. MERIDAIN RD. 6736 N. MERIDAIN RD. TALLAHASSEE, FL 32302 TALLAHASSEE, FL 32312 US US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: KERLEEN D. WILSON 10/08/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete DVP () Change () Addition HENDERSON, ROOSEVELT Name: Name: Address: 200 CHINA DOLL DR. Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: Title: () Delete Title: () Change () Addition FOUTZ, WILLIAM REV Name: Name: Address: 6504 N. MERIDIAN RD. Address: City-St-Zip: TALLAHASSEE, FL 32302 City-St-Zip: Title: () Delete Title: () Change () Addition DICKEY, WILLIE Name: Name: 9015 NO. MERIDAIN RD Address: Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: Title: () Delete Title: () Change () Addition Name: WILSON, LUCIAN JR Name: 6736 NO. MERIDIAN RD Address: Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: Title: DS () Delete Title: DS. (X) Change () Addition WILSON, KERLEEN F D WILSON, KERLEEN D Name: Name: 6736 NO. MERIDIAN RD 6736 NO. MERIDIAN RD Address: Address: TALLAHASSEE, FL 32312 City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUCIAN WILSON JR. D 10/08/2007