PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	Sporotory of State			15	15 OCT 22 PM 12: 02		
OCUMENT # N98000002886 Corporation Name				ALL HAS STORES			
Bloomingdale - BL Hom			ciation, Inc	.]			
		ox 462		 .	CR2E081 (11/10)		
Suite, Apt. #, etc. Suite, Apt. # City & State City & State				Date Incorporated or Qualified To Do Business in Ftorida 5/18/1998			
randon, Fl Valric				5. FEI Numbr	7.557.531.57		
33511 USA	33596		JSA	6. CERTIFICA	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status		
Name Daniel F. Pilka Street Address (P.O. Box Number is Not Acceptable) 213 Providence Road Suite. Apt. #, Etc. City Brandon State Zip Code 33511				700278978827 10/22/1501019001 **297.50			
8. I, being appointed the registered agent of the above named throoration, am familiar with and accept the obling signature of Registered Agent REGISTERED AGENT MUST SIGN					Date 9/30/2015		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least							
Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
P Rich Motl		2527 Centennial Falcon Drive		Valrico Fl 33596			
VP Christin Bolden		2535 Centennial Falcon Drive		Valrico FI 33596			
S Kristie Defontaine		2531 Centennial Falcon Drive		Valrico Fl 33596			
Γ Kristie Defontaine		2531 Centennial Falcon Drive					
عدال) له الا فرسد المرا				S. HAWKES			
ACILY SOSEMENT					OCT 2 3 A.M.		
E-mail Address: dpilka@pilka.com (To be used for future annual report notific					EXAMIN	ER	
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dayuma Phone ** Dayuma Phone **							

813-892-4245

PILKA & ASSOCIATES, P.A.

ATTORNEYS AT LAW

DIXIE T. BRADY DANIEL F. PILKA† J. SCOTT REED JEFFREY S. SIRMONS

†CERTIFIED CIRCUIT CIVIL MEDIATOR

PLEASE REPLY TO: BRANDON ADDRESS TELEPHONE (813) 653-3800 TELEPHONE (863) 687-0780

FACSIMILE (813) 651-0710 E-mail Address: law@pilka.com Website: http://www.pilka.com

October 15, 2015

LAURIANE CICCARELLI

OF COUNSEL

Email for Daniel F. Pilka dpilka@pilka.com

12-9354 Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re: Bloomingdale - BL Homeowners' Association, Inc.

Document # N98000002886 Our File: 12-9354

Dear Sir/Madam:

Enclosures

Please find, enclosed, the original Corporation Reinstatement form for the above referenced corporation, along with a copy of the same and this firm's check in the amount of \$297.50 for the reinstatement and annual report fees.

Upon completion of your filing of the statement of reinstatement, kindly return a timed stamped copy of the same. If you should have any questions please contact our office number is 813-653-3800.

Thank you for your assistance regarding this matter.

Very truly yours

Kelly Abraham

/ Legal Assistant to Daniel F. Pilka

DFP/ka