PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	Secretary	TMENT OF STATE y of State corporations	FILED 08 SEP -8 PM 4: 12	
DOCUMENT # 199000004988 1. Corporation Name National Village/Timber Pine Homeowners Association, Inc.			SECRETAR I OF STATE TALLAHASSEE, FLORIDA	
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address - No P.O. Box # 1901 W. 23rd St. 1901 W. Suite, Apt. #, etc. Suite, Apt. #, etc.			4. Date incorporated or Qualified	- }_ V(
City & State City & State Riviera Beach, FL Riviera		h. FL	To Do Business in Florida 8/16/1999 5. FEI Number Applied For X Not Applied be	
Zip Country 33404–1810 U.S.	Zip 33404–1810	Country U.S.	6. CERRIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name Leonard, Warrie D Street Address (P.O. Box Number is Not Acceptable)		nt	The reinstatement fee is imposed, except in circumstances which the entity did not receive	
1901 W. 23rd St. Suite, Apt. #, Etc.	,	State Zip Code	the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
Riviera Beach		FL 33404		
8. I, being appointed the registered agent of the at Signature of Registered Agent	Date 8/27/58			
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		
PD Leonard, Warrie D	1901	W. 23rd St.	Riviera Beach, FL 33404	
VPD Woodside, David	2641	W. 28th St.	Riviera Beach, FL 33404	
SD Mayfield, Charisse	2650	W. 28th St.	Riviera Beach, FL 33404	
ASD Morris, Sandra	1805	W. 26th St.	Riviera Beach, FL 33404	
T Lavergne, Franke	2647	W. 28th St.	Riviera Beach, FL 33404	
			09/04/0801050006 **253.75	
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 filling 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 early and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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 eath. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Description Descrip				