PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS DOCUMENT # P00000009381 1. Corporation Name HOME OWNERS ASSOCIATION OF VEMERALD POINT, INC. 2. Principal Office Address 1011 Mason Ave. Suite, April # etc. Suite, April # etc. Suite, April # etc. City & State Day Country Country To De Butteres in Provides 1.5/2000 CONTRACT OF STATE ALLAHASSEE FIGRIDA POINT TO BE Butteres in Provides 1.5/2000 RESIDENTIAL FOR STATE POINT TO De Butteres in Provides 1.5/2000 Applied For To De Butteres in Provides						_	FILED	
1. Corporation Name HOME OWNERS ASSOCIATION OF EMERALD POINT, INC. 2. Principal Office Address 1011 Mason Ave. SAME Suite, Apt. 8, 61: City & State Daytona Beach, F1. 32117-4611 Zip 32117-4611 V.S.A. 7. Name and Address of Courrent Registered Agent Street Address (P. State) Country Application of State Address of Courrent Registered Agent Street Address (P. State) Country Tate Attrass Street Address (P. State) Daytona Beach, F1. 32117-4611 And Incorporated or Caudiffed To Do Business in Provide 1/5/2000 S. FEI Number Of Do Business in Provide Address of Country Information Provide Address of Country		is the state of th	Kati Secr	h erine Harr i etary of Sta	i s te		02 JUL 10 AM 8:50	
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1011 Mason Ave. Suite, Apt. #, etc. 4. Date incorporated or Qualified to Do Business in Florida 1/5/2000 Daytona Beach, F1. 32117-4611 S. FEI Number O1-0706609 Applied For Not Applicable	Н	OME OWNERS ASSOCIATIO	N OFTEMERALD	POINT, IN	I C.	8	800006358498 -07/12/0201056010 ****297.50 *****297.5	3
City & State Daytona Be ach, F1. 32117-4611 Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country 7. Name and Address of Current Registered Agent Street Address (Day Number in Address of Current Registered Agent Street Address (Day Number in Address of Strings State Zip Code TATEGRIFASSEE DAYTONA BEACH, TATEGRIFASSEE DAYTONA BEACH, TATEGRIFASSEE DAYTONA BEACH, TOTAL STATEMENT STA	101	1 Mason Ave.	SAME	SAME			nstatement _{ol-03}	,
Daytona Beach, F1. 32117-4611 Zip Country U.S.A. 7. Name and Address of Current Registered Agent Name CERPORATION SERVICE GOMEANY Sule, Apl. # [Eb] City TATERHR3SEE DAYTONA BEACH, Registered Agent Registered Agent Registered Agent Signature of Registered Agent Registered Agent Registered Agent Sule, Apl. # [Eb] Registered Agent Registered Agent Registered Agent Registered Agent Titles Officers and/or Directors Titles DAVID R. CARTER 7419 U.S. HIGHWAY 19, NEW PORT RICHEY, FL34652 PORT RICHEY, FL34652 REGISTERED AGENT MISS. HIGHWAY 19, NEW PORT RICHEY, FL34652 PORT RICHEY, FL34652						4. Date Inc To Do B		٦
ZIP Country 32117-4611 U.S.A. 7. Name and Address of Current Registered Agent Name CORPORATION SERVICE GOMPANY Street Address (P.O. Box Number is Not Acceptable) TAUT Hards Street Sule, Apt. #. Etc. City TALEAHRSSEE DAYTONA BEACH, REGISTERED AGENT MUST SIGN REGISTERED AGENT MUST SIGN REGISTERED AGENT MUST SIGN 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0503 or 617.0503, F.S. Date JULY 1, 2002 REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Officer and/or Directors Titles ORAPY BABCOCK 1011 MASON AVENUE DAYTONA BEACH, FL 32117 D DAVID R. CARTER 7419 U.S. HIGHWAY 19, NEW PORT RICHEY, FL34652 D. ROSALIE MEYER 7419 U.S. HIGHWAY 19, NEW PORT RICHEY, FL34652		-		- 		5. FEI Num		-1
The state of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of				Country			01 0706600	6
7. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) T2UF Trays STTEEF Suite, Apt. #, Etc. City TALEAHASSEE DAYTONA BEACH, FL City TALEAHASSEE DAYTONA BEACH, Recistered Agent With and accept the obligations of section 607.0505, F.S. Signature of Recistered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505, F.S. Signature of Recistered Agent With and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) D GARY BABCOCK 1011 MASON AVENUE DAYTONA BEACH, FL 32117 D DAVID R. CARTER 7419 U.S. HIGHWAY 19, NEW PORT RICHEY, FL34652 D. ROSALIE MEYER 7419 U.S. HIGHWAY 19, NEW PORT RICHEY, FL34652	32117	7-4611 U.S.A.		,		6. CERTIFICA	ATE OF STATUS DESIRED 58.75 Additional Fee requir	ea
REGISTERED AGENT MUST SIGN 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 D GARY BABCOCK 1011 MASON AVENUE DAYTONA BEACH, FL 32117 7419 U.S. HIGHWAY 19, NEW PORT RICHEY, FL34652 D. ROSALIE MEYER 7419 U.S. HIGHWAY 19, NEW PORT RICHEY, FL34652	8. I, being	CORPORATION SERVICE Street Address (P.O. Box Number is I 1201 Hays Street Suite, Apt. #, Etc. City TALEAHASSEE DAY	E-GOMPANY Not Acceptable) TONA - BEACH-	NUE				
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director City/State/Zip D GARY BABCOCK 1011 MASON AVENUE DAYTONA BEACH, FL 32117 D DAVID R. CARTER 7419 U.S. HIGHWAY 19, NEW PORT RICHEY, FL34652 D. ROSALIE MEYER 7419 U.S. HIGHWAY 19, NEW PORT RICHEY, FL34652	Signature o	of Agent Amy A	Stock	JST SIGN			· w	Portor Populario
D GARY BABCOCK 1011 MASON AVENUE DAYTONA BEACH, FL 32117 PROSALIE MEYER 7419 U.S. HIGHWAY 19, NEW PORT RICHEY, FL34652 7419 U.S. HIGHWAY 19, NEW PORT RICHEY, FL34652	9. Name:	s and Street Addresses of Each Officer and	d/or Director (Florida nor	profit corporation	ns must list at leas	t 3 directors).		1
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D. ROSALIE MEYER 7419 U.S. HIGHWAY 19, NEW PORT RICHEY, FL34652	D	DAVID R. CARTER	741	9 U.S.	HIGHWAY	19,	· -	1
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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 one of this conficulties in 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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