PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
12 MAR 19 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000161953

1. Corporation Name
Rolling Pines Townhomes Homeowners Association, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
204 Cloverdale Boulevard	204 Cloverdale Boulevard
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Walton Beach, FL	City & State: Ft. Walton Beach, FL
Zip: 32547 / Country	Zip: 32547 / Country

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: December 12, 2005

5. FEI Number: 203886811 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Aaron B. Wentz, Esq.

Street Address (P.O. Box Number is Not Acceptable): 814A Shadow Lane

Suite, Apt. #, Etc.

City: Ft. Walton Beach | State: FL | Zip Code: 32547

03/19/12-01004-001 123.75

100222168801
02/16/12--01027--006 **1085.00

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: Aaron B. Wentz — REGISTERED AGENT MUST SIGN — Date: 2/27/12

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
President	Patrick J. Haring	399 Crooked Pine Trail	Crestview, FL 32539
Vice President	Kaylyn Byrd	156 Swaying Pine Court	Crestview, FL 32539
Secretary	John Manbeck	146 Swaying Pine Court	Crestview, FL 32539
Treasurer	Martelle L. Byrd	156 Swaying Pine Court	Crestview, FL 32539

REINSTATEMENT
2009-12
1,200.00

10. E-mail Address: aaronwentz@cox.net
(To be used for future annual report notification)

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: Patrick J. Haring, President — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 08FEB12 (Date) — 850-400-5657 (Daytime Phone #)