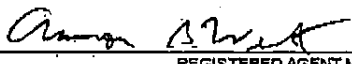
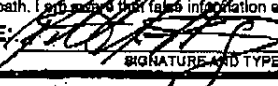


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 12 MAR 19 AM 11:11 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P05000161953					
1. Corporation Name Rolling Pines Townhomes Homeowners Association, Inc.					
2. Principal Office Address - No P.O. Box # 204 Cloverdale Boulevard			3. Mailing Office Address 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	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		
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  Date 2/27/12 REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	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 807.0401 or 817.0401, 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		08 FEB 12 850-400-5657	