CORPORATION	l
REINSTATEMEN	T



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

" DEER RUN Springs Condominium Property Owners assoc."

FILED

OI APR 16 PM 3: 29

SECRETARY OF STATE TALLAHASSEE, FLORIDA

To Do Business in Florida JAN, 24

Not Applicable

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

MADRI OSCMARIE

Street Address (P.O. Box Number is Not Acceptable)

State

Zip Code 3306

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

REGISTERED AGENT MUST SIGN

10.01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Name of Titles Officers and/or Directors

Street Address of Each Officer and/or Director

4353 C.S. Dr

- City / State / Zip

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 owed by 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR