


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 756797

1. Corporation Name
WINTER PARK WOODS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1633 E. VINE STREET SUITE 110 KISSIMMEE FL 34744 US	1633 E. VINE STREET SUITE 110 KISSIMMEE FL 34744 US


If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

FILED

01 DEC 17 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03/23/01 90024090 6/28

4. Date Incorporated or Qualified To Do Business in Florida	03/16/1981
5. FEI Number	59-2209261
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	MCGARVEY, NANCY	147 S COTTSDALE SQ	WINTER PARK FL 32792
SD	MELINDA RUIZ-VALDEZ	232 SCOTTSDALE SQUARE	WINTER PARK FL 32792
TD	JAMES A. FULLER	4429 DIKE ROAD	WINTER PARK FL 32792
D	STOCKWELL, LEE	138 SCOTTSDALE SQUARE	WINTER PARK FL 32792
D	LINDA MILLER	129 SCOTTSDALE SQUARE	WINTER PARK FL 32792

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 ****175.00 ****175.00

8. Name and Address of Current Registered Agent

LELAND MANAGEMENT, INC.
 1633 E. VINE STREET
 SUITE 110
 WINTER PARK FL 32792

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *[Signature]* **SIGNATURE REQUIRED** REGISTERED AGENT MUST SIGN Date: 12/14/01

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., 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 oath.

SIGNATURE: *Nancy McGarvey* / Nancy McGarvey 12/13/01 407-671-3196

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2040 (8/01)