

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

02 MAR -8 AM 10:55

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 758333

1. Corporation Name
 DUNMAR ESTATES HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business Mailing Address
 655 DUNMAR CIRCLE 655 DUNMAR CIRCLE
 WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32708
 US US
 If above addresses are incorrect in any way, line through incorrect information and enter correction below.



400005169494--7
 -03/26/02--01053--009
 ***297.50 ***297.50

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/13/1981	
City & State		City & State		5. FEI Number	
Zip		Country		59-2251033	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for 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
SD	BIRCHOF, BARBARA ANGELA JACOBSON	598 DUNMAR CIR 545 JULIE LANE	WINTER SPGS FL 32708
TD	ACHA, WENDY	587 DUNMAR CIRCLE	WINTER SPRINGS FL 32708
PD	CLAUSEN, CHRISTOPHER	575 DUNMAR CIR	WINTER SPRINGS FL 32708
PD	ROBERT POTCHEN	530 JULIE LANE	WINTER SPRINGS FL 32708

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8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ACHA, WENDY 587 DUNMAR CIRCLE WINTER SPRINGS FL 32708		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 Wendy K. Acha Date 11/1/01
 REGISTERED AGENT MUST SIGN

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: Wendy K. Acha WENDY K. ACHA 11/1/01 407 4150726
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPRE040 (8/01)