

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 9:40

DOCUMENT # 758333

1. Corporation Name

DUNMAR ESTATES HOMEOWNER'S ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 03

Principal Place of Business

Mailing Address

655 DUNMAR CIRCLE
WINTER SPRINGS FL 32708
US

655 DUNMAR CIRCLE
WINTER SPRINGS FL 32708
US



200023963882
10/21/03--01035--006 #236.25

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

4. Date Incorporated or Qualified To Do Business in Florida

05/13/1981

Suite, Apt., #, etc.

Suite, Apt., #, etc.

5. FEI Number

59-2251033

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED \$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
SD	JACOBSON, ANGELA	545 JULIE LANE	WINTER SPRINGS FL 32708
TD	AGHA, WENDY LARRY TAYLOR	587 DUNMAR CIRCLE 552 Dunmar Circle	WINTER SPRINGS FL 32708
PD	POTCHEN, ROBERT	530 JULIE LANE	WINTER SPRINGS FL 32708
VPD	DAVID McLEOD	645 DUNMAR Circle	Winter Springs 32708

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~AGHA, WENDY~~
587 DUNMAR CIRCLE
WINTER SPRINGS FL 32708

Name LARRY TAYLOR
Street Address (P.O. Box Number is Not Acceptable)
552 DUNMAR CIRCLE
Suite, Apt., #, Etc.
City WINTER SPRINGS State FL Zip Code 32708

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. or 617.0505, F.S.

Signature of Registered Agent

Larry Taylor
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

Oct 15, 2003.

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:

PD DM HOA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/03
Date

407-415-1920
Daytime Phone #

CR2E040 (7/03)