

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FILED 97 SEP 29 AM 11:19 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 769274

Corporation Name The Wellbros First Addition Homeowners Association Inc.

Mailing Address P.O. Box 618539 Orlando FL 32861 Principal Place of Business P.O. Box 618539 Orlando FL 32861

REINSTATEMENT 915-97

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

New Mailing Address, if Applicable; New Principal Office Address, if Applicable; Date, Apt. #, etc.; City & State; Country; Zip

DO NOT WRITE IN THIS SPACE; Date Incorporated or Qualified To Do Business in Florida 7/7/1983; FEI Number 59-2359367; Applied For; Not Applicable; CERTIFICATE OF STATUS DESIRED

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

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers), City / State / Zip. Rows include Martha Clark, Mark Mueller, Doris Mayhue, Jack Sanibe, James Gleason.

6. Name and Address of Current Registered Agent: Stanley Smith, 652 Wendell, Orlando FL 32808

7. Name and Address of New Registered Agent: Margo Dixon, 4879 Spring Run Ave, Orlando FL 32819

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Registered Agent: Margo Dixon, Date: 9/26/97

If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box [X] (See other side for additional information.)

Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [] No [X] (See other side for information on intangible tax.)

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I certify that I am an officer or director or the recorder 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., and that all fees owed by the corporation have been paid. The information included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Mark Mueller