


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2005 OCT 25 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
		DOCUMENT # N00000002010

1. Corporation Name
The Estuary of Mobbly Bay Homeowners Association, Inc.

2. Principal Office Address 19001 Sunlake Blvd. Suite, Apt. #, etc.	3. Mailing Office Address 19001 Sunlake Blvd. Suite, Apt. #, etc.
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City & State Lutz, FL 33558	City & State Lutz, FL 33558
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Zip 33558	Country USA	Zip 33558	Country USA
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REINSTATEMENT 04-05

4. Date Incorporated or Qualified To Do Business in Florida 03/27/2000

5. FEI Number 59-3737093

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

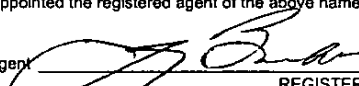
Name: James M. Bartoletta

Street Address (P.O. Box Number is Not Acceptable): 19001 Sunlake Blvd.

Suite, Apt. #, Etc.:

City: Lutz State: FL Zip Code: 33558

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:  Date: 10/19/05

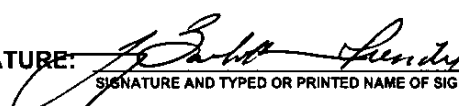
REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	James M. Bartoletta	19001 Sunlake Blvd.	Lutz, FL 33558
D	Kimberly Hannah	19001 Sunlake Blvd.	Lutz, FL 33558
D	James I Rickard, III	212 Mobbly Bay Dr.	Oldsmar, FL 34677
D	Cheryl Ferris	19001 Sunlake Blvd.	Lutz, FL 33558

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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 oath.

SIGNATURE:  James M. Bartoletta Date: 10/15/05 Daytime Phone #: 813-909-1223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/05