

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED STATE SECRETARY OF CORPORATIONS
 DIVISION OF CORPORATIONS
 97 OCT 29 PM 1:16

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N00548

1. Corporation Name
MAGNOLIA POINTE/HOMEOWNERS ASSOCIATION, INC. -

Principal Place of Business
**P.O. BOX 608556
 ORLANDO FL 32860-8556**

Mailing Address
**P.O. BOX 608556
 ORLANDO FL 32860-8556**



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

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

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

4. Date Incorporated or Qualified To Do Business in Florida
01/05/1984

5. FEI Number **59-2473436**
 Applied For
 Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	BARBER, DEAN	5882 S SEMORAN	ORLANDO FL 32822
VD	NEWBERRY, FRED H Holloway, Joanna	3941 MAGNOLIA POINTE LN 6775 Magnolia Pointe Cir	ORLANDO FL 32810 Orlando
D	VOGHT, JOE	6831 MAGNOLIA POINTE CR	ORLANDO FL 32810
TD	NEWBERRY, TERRI Frazier, Valerie	3941 MAGNOLIA POINTE LN 6728 Magnolia Pt. Cir.	ORLANDO FL 32810 Orlando, FL
D	Fisher, John	6832 Magnolia Pt. Cir.	Orlando, FL 32810

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8. Name and Address of Current Registered Agent
**BARBER, DEAN G
 5882 S SEMORAN
 ORLANDO FL 32822**

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 *Dean Barber* Date **10/24/97**
 REGISTERED AGENT MUST SIGN

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

12. 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: *Dean Barber* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date **10/24/97** Daytime Phone # **407 275 4004**

CR2E040 (7/96)