


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR -3 PM 1:08

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03000000435

1. Corporation Name
**SPRING PARK TERRACES
CONDOMINIUM ASSOCIATION, INC.**

**B4/4/01
REINSTATEMENT 06-08**

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box # 1221 CELEBRATION AVE		3. Mailing Office Address 1221 CELEBRATION AVE	
Suite, Apt. #, etc. # 101		Suite, Apt. #, etc. # 101	
City & State CELEBRATION, FL		City & State CELEBRATION, FL	
Zip 34747	Country USA	Zip 34747	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 01-16-2003	
5. FEI Number 05-0551606	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$3.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
RICHARD E. LARSEN

Street Address (P.O. Box Number is Not Acceptable)
55 EAST PINE STREET

Suite, Apt. #, Etc.

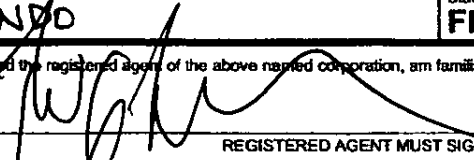
City
ORLANDO

State
FL

Zip Code
32801

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. **Sent to wrong address. See attached.**

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 **3/20/08**

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
PRES	ADOLFINA SUKOVICH	1221 CELEBRATION AVE # 101	CELEBRATION, FL 34747
VP	MICHAEL STRONG	8508 PARK ROAD # 111	CHARLOTTE, NC 28210
SECTY	ROBERT DYTRYCH	920 SPRING PARK ST. # 103	CELEBRATION, FL 34747
TREAS	DALE THOMAS	911 BEGONIA RD # 201	CELEBRATION, FL 34747
DIR	JAMES ESLER	910 SPRING PARK ST. # 102	CELEBRATION, FL 34747

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 contained in Chapter 119, 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: **Dale J. Thomas** Dale J. Thomas 3/10/2008 (321) 939-0435

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FEE CALCULATION : \$61.25 x 3 (2006, 2007, 2008) = \$183.75
 CERTIFICATE OF STATUS = 8.75
 TOTAL \$192.50