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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

07 JAN -2 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #05000006180

1. Corporation Name

East Kaley Street Homeowners Association, Inc.

2. Principal Office Address

940 North Highland Avenue

3. Mailing Office Address

940 North Highland Avenue

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32803

Country

USA

Zip

32803

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 6/14/05

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Max P. Wright, Esq.

Street Address (P.O. Box Number is Not Acceptable)

4445 Edgewater Drive

Suite, Apt. #, Etc.

City

Orlando, FL 32804

State

FL

Zip Code

32804

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

*Max P. Wright - Esq.*

REGISTERED AGENT MUST SIGN

Date 12/27/06

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	William E. Murphy	940 North Highland Avenue, Suite 200	Orlando, FL 32803
D	Anne Shard-Adams	940 North Highland Avenue, Suite 200	Orlando, FL 32803
D	Cheryl Murphy	940 North Highland Avenue, Suite 200	Orlando, FL 32803

600083249196  
01/04/07--01040--017 \*\*\$1.25

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:

*Max P. Wright Esq. / Anne E. Adams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-27-06 407-295-470

Daytime Phone #

2012

LAW OFFICES  
Max P. Wright  
4445 EDGEWATER DRIVE  
ORLANDO, FLORIDA  
32804

December 27, 2006

Corporate Records Bureau  
Division of Corporations  
Department of State  
P. O. Box 6327  
Tallahassee, Florida 32314

Re: Administrative Dissolution of Corporation #N05000006180

Ladies or Gentlemen:

This letter is to advise you that we have not received the 2006 report for corporations. We have enclosed a completed one for non-profit status along with the appropriate fee (\$61.25) for filing.

Should you have any questions regarding this corporation, please contact the undersigned.

Yours Truly,



Maxwell P. Wright, Esquire  
General Law Practice  
407-295-4701

Enclosure: Firm Check for \$61.25.