


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 OCT 10 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05000007049

1. Corporation Name
Wekiva Run Homeowners Association, Inc.

300136780963
10/09/08--01042--005 **236.25

REINSTATEMENT 2008^{KS}

| | | | |
|--|----------------|--|----------------|
| 2. Principal Office Address - No P.O. Box # 1936 Lee Road | | 3. Mailing Office Address 1936 Lee Road | |
| Suite, Apt. #, etc. 250 | | Suite, Apt. #, etc. Suite 250 | |
| City & State Winter Park, FL | | City & State Winter Park, FL | |
| Zip 32789 | Country USA | Zip 32789 | Country USA |

4. Date Incorporated or Qualified To Do Business in Florida 3/28/05

5. FEI Number 20-2982044

| | |
|----------------|--|
| 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 Greystone Management Co, Inc.

Street Address (P.O. Box Number is Not Acceptable) 1936 Lee Road,

Suite, Apt. #, Etc. 250

City Winter Park State FL Zip Code 32789

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.

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 *Jessie C. Christy* Date 10/6/08

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 |
|---------------|-----------------------------------|--|---------------------|
| P | Jay Lewis | 300 Colonial Ctr. Pkwy Ste. 200 | Lake Mary, FL 32746 |
| VP | CeCe McCook | 300 Colonial Ctr. Pkwy Ste. 200 | Lake Mary, FL 32746 |
| Sec. / Treas. | Justin Campbell | 300 Colonial Ctr. Pkwy Ste. 200 | Lake Mary, FL 32746 |
| | | | |
| | | | |

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: *Jessie C. Christy* Date 10/6/08 Daytime Phone # 407-645-4945

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR