

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

01 JAN -2 PM 3:38

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # N06861

1. Corporation Name

ACORN VILLAGE MANAGEMENT INC

2. Principal Office Address

4004 EDGEWATER DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

4004 EDGEWATER DRIVE

Suite, Apt. #, etc.

City & State

ORLANDO FL 32804-2837

City & State

ORLANDO, FL 32804-2837

Zip

32804-2837

Country

USA

Zip

32804-2837

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/28/1984

5. FEI Number

-59-2581821

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** DD-01

7. Name and Address of Current Registered Agent

Name

ASSET REAL ESTATE INC.

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

4004 EDGEWATER DRIVE

Suite, Apt. #, Etc.

City

ORLANDO

State  
FL

Zip Code

32804-2837

500003535525-9  
-01/12/01--01051--003  
\*\*\*\*297.50 \*\*\*\*297.50

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

*Mary Rivera President Asset Real Estate Inc*  
REGISTERED AGENT MUST SIGN

Date

12/29/2000

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
PD	MOORE, ARTHUR	3401 ALISSA COURT	ORLANDO FL 32808
VPD	TRACY ROBERTS	4903 SILVER OAKS VILLAGE	ORLANDO FL 32808
TD	SUSAN GOWERS	4948 SANOMA VILLAGE	ORLANDO FL 32808
S	BONNIE BORDERS	4954 SANOMA VILLAGE	ORLANDO FL 32808
D	JAMES MARTIN	4956 SANOMA VILLAGE	ORLANDO FL 32808

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:

*Arthur Moore* ARTHUR MOORE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-29-00  
Date

407-290-8978  
Daytime Phone #

**KE**

CR2E081 (9/99)