


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> NO 7669			
<b>1. Corporation Name</b> Luna Manor Property Owners Association Inc			
<b>2. Principal Office Address</b> 1309 Manor House Dr Suite, Apt. #, etc. F City & State Tallahassee FL Zip 32312 Country USA		<b>3. Mailing Office Address</b> PMB 130, 6753 Thomasville Rd Suite, Apt. #, etc. Suite 108 City & State Tallahassee FL Zip 32312 Country USA	

<b>REINSTATEMENT</b>	
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 1985	<b>SP</b>
<b>5. FEI Number</b> 59-2529508	Applied For Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

<b>7. Name and Address of Current Registered Agent</b>		
Name Cheryl M Frank		
Street Address (P.O. Box Number is Not Acceptable) 1309 Manor House Dr		
Suite, Apt. #, Etc.		
City Tallahassee FL	State FL	Zip Code 32312

**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

REGISTERED AGENT MUST SIGN

Date 8/2/01

**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	Wayne Weaver	1394 Manor House Dr	Tallahassee FL 32312
DIR	John Hoover	425 W. Covey Pk	Tallahassee FL 32312
DIR	Al Bishop	1369 Manor House Dr	Tallahassee FL 32312
DIR	Alvin Bass	1322 Manor House Dr	Tallahassee FL 32312
DIR	Cheryl M Frank	1309 Manor House Dr	Tallahassee FL 32312

**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:**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cheryl M Frank

Date

8/2/01

Daytime Phone #

893 8532

CR2E081 (9/00)