PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
CORPORATION REINSTATEMENT	FLORIDA DEPÀRTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS	00 APR 28 PM 12: 04  SECRETARY OF STATE TALLAMASSEE, FLORIDA
DOCUMENT # N 08271  1. Corporation Name  BRADEN WOODS Phi  ASSOCIATION, INC.	aseIV Homcowers	
2. Principal Office Address  2831 Riwgling Blub  Suite, Apt. #, etc.  215 E	3. Mailing Office Address  2831 Ringling Blud Suite, Apt. #, etc.  215 E	REINSTATEMENT 4. Date Incorporated or Qualified
City & State	City & State	To Do Business in Florida 3/20/-8-5  FEI Number Applied For
SALASOTA, FL	SARASOTA, I=L	59-2520653 Not Applicable  6. — \$8.75 Additional For continu
34237 US	7. Name and Address of Current Registere	for a Certificate of Status
Name  MANASOTA Y  Street Address (P.O. Box Number is Not  2831 Ringli  Suite, Apt. #, Etc.  215 E  City  SARASOTA		70003241237-4 -05/05/0801084006 
8. I, being appointed the registered agent of the above Signature of Registered Agent	named corporation, am familiar with and accept the ob	ligations of section 607.0505 or 617.0503, F.S.  Date 4/4/00
9. Names and Street Addresses of Each Officer and/o	r Director (Florida nonprofit corporations must list at lea Street Address of Each	
Officers and/or Directors	Officer and/or Director	City / State / Zip
PD-RICK HA-HORA	~ 6016-91-St E	BraDentow-FL-34202
UP/DJAMES SARTIN	JR 9002 63 <sup>rd</sup> x	IVE E Bradenton, FL 34202
ST/PRAY BRAND	9014 59# AI	IEE Bradenton, FC 34207
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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Day I THE DAY OF THE ORDINA OF THE ORDINA OFFICER OR DIRECTOR  Day I THE ORDINA OF THE ORDINA OFFICER OR DIRECTOR		