

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
00 NOV 28 PM 6:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 018518
1. Corporation Name
GREENBROOK VILLAS AT EPOWELL ESTATES
CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address C/O
VISTA COMMUNITY ASSN. MBMT.
Suite, Apt. #, etc. SUITE
225 S. WESTMOUNT DR., 2050
City & State
ALTA MONTA SPRINGS, FL
Zip 32714 Country USA.

3. Mailing Office Address C/O
VISTA COMMUNITY ASSN. MBMT.
Suite, Apt. #, etc.
225 S. WESTMOUNT DR., SUITE 2050
City & State
ALTA MONTA SPRINGS, FL
Zip 32714 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 12/30/1986

5. FEI Number 59-2666984
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 900003509379-9
Name BRENDALEE FOX
Street Address (P.O. Box Number is Not Acceptable)
2084 LAKE MARION DR.
Suite, Apt. #, Etc.
City APOPKA State FL Zip Code 32712

REINSTATEMENT

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 [Signature] Date NOV 13, 2000
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
PD	MATTHEW J. STEVERSON	1182 N. FAIRWAY DR.	APOPKA, FL. 32712
VD/D	BRENDALEE FOX	2084 LAKE MARION DR.	APOPKA, FL. 32712
D	PATRICIA HERMAN	1204 N. FAIRWAY DR.	APOPKA, FL. 32712
D	VALERIE JURDINE	1202 N. FAIRWAY DR.	APOPKA, FL. 32712
D	LOUIS DIMILLO	279 CHISWELL PL.	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 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] MATTHEW J. STEVERSON 11/13/00 407-889-9652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)