

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL 25 PM 1:26

DOCUMENT # **N 38430**

1. Corporation Name

**Villas at Wedgfield, Phase 1
Maintenance Assoc. Inc.**

2. Principal Office Address

2532 ALBION AVE

Suite, Apt. #, etc.

3. Mailing Office Address

2532 ALBION AVE

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32833

Country

ORANGE

Zip

32833

Country

ORANGE

4. Date Incorporated or Qualified
To Do Business in Florida

6/4/90

5. FEI Number

65-0207867

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-01

7. Name and Address of Current Registered Agent

Name

ROBERT L. TOWNSEND

700004510957-9

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

2532 ALBION AVE

~~08/01/01-01035-018~~

***306.00 ***306.00

Suite, Apt. #, Etc.

City

ORLANDO

State
FL

Zip Code

32833

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

Robert L. Townsend

REGISTERED AGENT MUST SIGN

Date **7/14/01**

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.	NANCY WATERS	2649 ALBION AVE.	ORLANDO, FL 32833
V.P.	HAROLD D. MITCHELL	2611 ALBION AVE.	ORLANDO, FL 32833
SECT.	DARCEL DREW	2514 ALBION AVE	ORLANDO, FL 32833
TRUS.	ROBERT L. TOWNSEND	2532 ALBION AVE.	ORLANDO, FL 32833
DIRECTOR	ELLIS JOHNSON	2508 ALBION AVE	ORLANDO, FL 32833
DIRECTOR	SEAN WILSON	2652 ALBION AVE.	ORLANDO, FL 32833

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: **ROBERT L. TOWNSEND**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/01

Date

407 568-7664

Daytime Phone #

CR2E081 (9/00)