

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
97 MAY -1 AM 11:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N40314**

1. Corporation Name  
**SUNSET LAKES OF WINDEMERE HOMEOWNERS  
ASSOCIATION, INC.**

Principal Place of Business Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <b>2170 SR 434 W</b> Suite, Apt. #, etc. <b>Suite 384</b> City & State <b>Longwood FL</b> Zip <b>32779</b> Country <b>USA</b>		3. New Mailing Office Address, If Applicable <b>2170 SR 434 W</b> Suite, Apt. #, etc. <b>Suite 384</b> City & State <b>Longwood FL</b> Zip <b>32779</b> Country <b>USA</b>		4. Date Incorporated or Qualified To Do Business in Florida <b>10/11/1990</b>	
5. FEI Number <b>59-3179181</b>				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

**REINSTATEMENT 90-97**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	J.C. Peterson, Jr.	1115 E. Livingston St	Orlando, FL
SD	Jon C. Peterson	1115 E. Livingston St	Orlando FL
D	William Leary	1115 E. Livingston St	Orlando FL
			900002172089--2 05/08/97--01140--001 ****297.50 ****297.50
			<b>JB5-6-97</b>

B. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name <b>Marilyn C. Campbell</b> Street Address (P.O. Box Number is Not Acceptable) <b>2170 SR 434 W.</b> Suite, Apt. #, Etc. <b>Suite 384</b> City <b>Longwood</b>		State <b>FL</b>	Zip Code <b>32779</b>
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Marilyn Campbell Date 4/25/97  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

12. 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: Jon C. Peterson Date 4/28/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)