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 SEP 26 PM 4:24

DOCUMENT # N41981

1. Corporation Name

Winter Hill Home Owner's Association

REINSTATEMENT 99-01

2. Principal Office Address	**3.** Mailing Office Address
P.O. Box 616104	P.O. Box 616104
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, Florida	City & State: Orlando, Florida
Zip: 32861-6104 Country: Orange	Zip: 32861-6104 Country: Orange

4. Date Incorporated or Qualified To Do Business in Florida: 02-05-1991

5. FEI Number: 59-3050963 — X 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

Name: Bonnie Brockett

Street Address (P.O. Box Number is Not Acceptable): 375 Killington Way

Suite, Apt. #, Etc.:

City: Orlando, State: FL Zip Code: 32835

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*****358.75 *****58.75

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: Bonnie Brockett — REGISTERED AGENT MUST SIGN — Date 9/24/01

CR2E061 (9/00)

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
P	Tom Romans	316 Killington Way	Orlando, Fl 32835
V	Bonnie Brockett	375 Killington Way	Orlando, FL 32835
D	Noreen Colbert	381 Killington Way	Orlando, Fl 32835
T	Stephen Appoo	347 Snowshoe court	Orlando, Fl 32835
D	Nate Jones	8019 Addison Court	Orlando, Fl 32835
D	Scott Franklin	318 Snowshoe Court	Orlando, Fl 32835

10/9/20

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: Bonnie Brockett — 9/24/01 — (407) 679-0700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Bonnie Brockett