
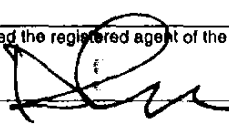



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS		<div style="font-size: 2em; font-weight: bold;">FILED</div> <div style="font-size: 1.2em;">98 JAN 26 AM 8:42</div> SECRETARY OF STATE TALLAHASSEE, FLORIDA			
DOCUMENT # N43846 1. Corporation Name EDGEWOOD VILLAGE ASSOCIATION, INC.		<div style="font-size: 2em; font-weight: bold;">REINSTATEMENT</div> <div style="font-size: 1.5em;">95-98</div>					
Principal Place of Business 1830 ATLANTA AVENUE ORLANDO FL 32808						Mailing Address 1830 ATLANTA AVENUE ORLANDO FL 32808	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.						2. New Principal Office Address, if Applicable Suite, Apt. #, etc. City & State Zip Country	
3. New Mailing Office Address, if Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida <div style="text-align: right;">06/10/1991</div>		5. FEI Number <div style="text-align: right;">59-3153281</div>			
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status					
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)							
1	2	3	4	5	6		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip				
PRES	DAVIS, J. ROLFE, JR.	1230 GOLDEN LANE	ORLANDO FL				
V.P.	MADISON, PETER	5621 LAKE MARY JEBO CHRS 247 Hoffer Ave	ORLANDO FL				
DPO ST	KUCK, DUANE	2033 HOPPER AVENUE 2300 JETPORT DR.	BELLE ISLE FL ORLANDO, FL				
D	CINCY KUCK	2300 JETPORT DR	ORLANDO FL				
D	MARY GELTSNER	2300 JETPORT DR	ORLANDO FL				
		500002416455-5 -01/29/98-01096-0195					
		*****61.25 *****61.25					
8. Name and Address of Current Registered Agent DAVIS, J. ROLFE, JR. 1830 ATLANTA AVENUE ORLANDO FL 32808			9. Name and Address of New Registered Agent Name Leland Management, Inc Street Address 1633 E. Vine St., Suite 207 Suite, Apt. # Kissimmee, FL 34744 City Kissimmee, FL 34744				
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607 of the Florida Statutes. Signature of Registered Agent  Date 11/21/97 <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>							
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input checked="" type="checkbox"/> (See other side for additional information.)							
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)							
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:  DUANE KUCK Date 11/21/97 <div style="text-align: center;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div>							

CR20040 (6/95)