

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

97 AUG 15 PM 2:38

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N44960

1. Corporation Name
 WINDWARD CAY COMMUNITY ASSOCIATION, INC.
 N 44 960

Principal Place of Business Mailing Address
 ATTWOOD-PHILLIPS, INC.
 P.O. BOX 1208 (1350 Orange Ave)
 WINTER PARK, FL 32790

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
 ATTWOOD-PHILLIPS, INC.
 Suite, Apt. #, etc.
 P.O. BOX 1208
 City & State
 WINTER PARK, FL 32790
 Zip Country
 32790 USA

4. Date Incorporated or Qualified To Do Business in Florida 9-4-91

5. FEI Number 59-3056537 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$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)

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
P/D	MICHAEL DALY	4784 WINDWARD DR.	KISSIMMEE, FL 34743
VP/D	ADRIAN MCCLOSKEY	4766 WINDWOOD DR.	KISSIMMEE, FL 34743
S /D	CASEMIRO CAMARA	P.O. BOX 421430	KISSIMMEE, FL 34743
T /D	MICHAEL MCGRATH	4756 WINDWOOD DR.	KISSIMMEE, FL 34743

REINSTATEMENT 95-97

8. Name and Address of Current Registered Agent
 FLORIDA MANAGEMENT SERVICES, INC.
 P.O. BOX 73
 ORLANDO, FL 32802

9. Name and Address of New Registered Agent
 Name: SUBCORN PHILLIPS
 Street Address (P.O. Box Number is Not Acceptable): 1350 ORANGE AVE.
 Suite, Apt. #, Etc.: 600002270946-7
 City: WINTER PARK, FL 32790

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: [Signature]
 REGISTERED AGENT MUST SIGN
 Date: 7/31/97

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: * [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 7/31/97
 Daytime Phone: 407/644-4500
 #215

CR2E040 (12/96)