


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
 11 SEP. 12 AM 9:58
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N93000001999

1. Corporation Name
VISTA ROYALE HOMEOWNERS' ASSOCIATION, INC.

| | | | |
|-----------------------------------------------------------------------------|-----------------------|-----------------------------------------------------------|-----------------------|
| 2. Principal Office Address - No P.O. Box # 7649 MOUNT CARMEL DR. | | 3. Mailing Office Address 6401 TIME SQUARE AVE. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. A-2 | |
| City & State ORLANDO, FL | | City & State ORLANDO, FL | |
| Zip 32835 | Country USA | Zip 32835 | Country USA |

REINSTATEMENT

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida **04/30/1993**

5. FEI Number **593215311**

6. CERTIFICATE OF STATUS DESIRED **38.75** Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
LARSEN & ASSOCIATES, P.A.

Street Address (P.O. Box Number is Not Acceptable)
300 S. ORANGE AVE.

Suite, Apt. #, Etc.
1200

City
ORLANDO

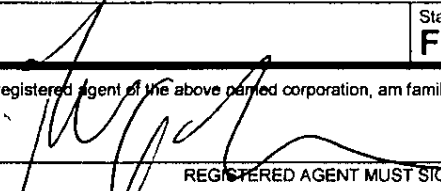
State
FL

Zip Code
32801

000211941540
 09/09/11--01039--003 **8.75

000211941540
 09/09/11--01039--002 **236.25

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  Date **9/16/11**

REGISTERED AGENT MUST SIGN

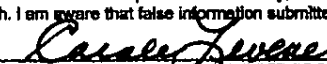
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|-----------------------------------|------------------------------------------------|--------------------|
| PD | LEVENE, CAROLE | 7649 MOUNT CARMEL DR. | ORLANDO, FL 32835 |
| VPD | MUENKS, BARBARA | 1800 VISTA ROYALE DR. | ORLANDO, FL 32835 |
| D | HAVEN, JOLYNN | 7658 TORINO CT. | ORLANDO, FL 32835 |
| | | | |
| | | | |

10. E-mail Address: **kclay@tcgmt.com**

(To be used for future annual report notification)

11. 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:  **Carole Levene** **8-23-2011**

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