PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9500003177

CAMELLIA ACRES HOME OWNERS ASSOCIATION, INC.

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SECRETARY OF STATE TALLAHASSEE. FLORIDA

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32446	USA	32446	USA	6. CERTIFICATE OF STATUS DESIRED S8.75 A for a
MARIANNA FL Zip Country		City & State MARIANNA FL		5. FEI Number 59-3343041
City & State				4. Date Incorporated or Qualified To Do Business in Florida 1995
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/09/0301050012
2566 WOODSVIEW DRIVE		.3. Mailing Office Address 2566 WOODSVIEW DRIVE		e "Sobobāaaios

Name and Address of Current Registered Agent Name HELEN HERNANDEZ Street Address (P.O. Box Number is Not Acceptable) 2566 WOODSVIEW DRIVE Suite, Apt. #, Etc. **MARIANNA** State Zip Code 32446

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

REGISTERED AGENT MUST SIGN

1/07/03

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 City / State / Zip Officer and/or Director P/D **DWAIN PENDERGRASS** 2541-WOODSVIEW DRIVE MARIANNA FL 32446 V/D **LONNIE KEENE** 2549 WOODSVIEW DRIVE MARIANNA FL 32446 S/T HELEN HERNANDEZ 2566 WOODSVIEW DRIVE MARIANNA FL 32446 D MARION HAGEN 2530 WOODSVIEW DRIVE MARIANNA FL 32446 D DAVID MCCORMICK . 2533 WOODSVIEW DRIVE MARIANNA FL 32446 D **DOUGLAS JONES** 2534 WOODSVIEW DRIVE MARIANNA FL 32446

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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Helen Hernandez

1/07/03

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Date

Daytime Phone #

Applied For Not Applicable ditional Fee required ertificate of Status

CAMELLIA ACRES HOME OWNERS ASSOCIATION, INC. 2566 WOODSVIEW DRIVE MARIANNA, FLORIDA 32446

January 7, 2003

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: FEI# 59-3343041

Dear Sir or Madame:

Attached is a completed Corporation Reinstatement form for Camellia Acres Home Owners Association, Inc. Our homeowners association's corporate status was terminated October 4, 2002, due to failure to submit the filing fee of \$61.25 for year 2002. The Uniform Business Report 2002 was not received by our association, and was therefore overlooked.

I am enclosing a check in the amount of \$122.50 to cover the filing fee for years 2002 and 2003. I am also enclosing a copy of the last report (2001) which was submitted to your office. By changing the name and address of the new registered agent, it was assumed that the next report would be mailed to that address. We now acknowledge our mistake. Please accept this letter as a request to waive any penalty fees associated with this error.

Please contact me if you require additional information.

Thanking you.

Sincerely,

Helen Hernandez Secretary/Treasurer

Camellia Acres Home Owners Association, Inc.

Enclosures

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