

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

1997 MAY 12 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR *FOR A* REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *195000005917*

1. Corporation Name
Dunson Hills Homeowners Association, Inc.

Principal Place of Business Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable 1916 Boothe Circle Suite, Apt. #, etc.	3. New Mailing Office Address, if Applicable 1916 Boothe Circle Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 12/15/95
City & State Longwood, FL	City & State Longwood, FL	5. FEI Number 59-3403771
Zip 32750	Country USA	Country USA

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PN	Jon Zabel	1916 Boothe Circle	Longwood, FL 32750
VD	Arthur Tye	1916 Boothe Circle	Longwood, FL 32750
SD	Jim Abernathy	1916 Boothe Circle	Longwood, FL 32750
D	Louis Seybold	545 Delaney Ave. BLDG. 6	Orlando, FL 32801

REINSTATEMENT *9-9-97 1916 Boothe Circle 5/10/97*

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
	Name Jon Zabel
	Street Address (P.O. Box Number is Not Acceptable) 1916 Boothe Circle
	Suite, Apt. #, Etc.
	City Longwood, FL
	State FL
	Zip Code 32750

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 *Jon Zabel* REGISTERED AGENT MUST SIGN Date *5/1/97*

100002184041-7
-05/19/97--01190--006
306 (Intangible tax) 006.25

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

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: *Jon Zabel* Jon Zabel *5/1/97* (407) 831-3311 ext 128

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

CPRE040 (12/96)