PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 21 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000005941

1. Corporation Name

ASHLEY PARK THREE CONDOMINIUM ASSOCIATION, INC.

W99000008888

Principal Place of Business	Mailing Address
7635 Ashley Pk Ct Suite 503 Orlando, FL 32835	1130 E. Plant St, Ste H Winter Garden, FL 34787

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt #, etc		Suite, Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 12-18-95

5. FEI Number: 59-3348589 — 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	Laman, G.D.	1130 E. Plant Street Suite H	Winter Garden, FL 34787
STD	Laman, Edward D.	1130 E. Plant Street Suite H	Winter Garden, FL 34787
D	Laman, George I.	1130 E. Plant Street Suite H	Winter Garden, FL 34787

REINSTATEMENT 96-99
4/21/99

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Laman, G.D. 1130 E. Plant St, Suite H Winter Garden, FL 34787	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt #, Etc City

800002854218--9
-04/27/99--01039--006
****428.75 ****428.75
FL

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: REGISTERED AGENT MUST SIGN — Date: 4-7-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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: G.D. Laman — 4-7-99 — 407-877-7722

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

CR2E081 (12/98)