

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

99 OCT 28 PM 4:38

DOCUMENT # N96000003800

1. Corporation Name  
**WATERFORD LAKES TRACT N-19 NEIGHBORHOOD ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**12550 LAKE UNDERHILL DRIVE** **12550 LAKE UNDERHILL DRIVE**  
**ORLANDO FL 32828** **ORLANDO FL 32828**



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

2. New Principal Office Address, If Applicable <b>453 MARK TWAIN BLVD</b> Suite, Apt. #, etc. <b>C</b>	3. New Mailing Office Address, If Applicable <b>453 MARK TWAIN BLVD</b> Suite, Apt. #, etc. <b>C</b>	4. Date Incorporated or Qualified To Do Business in Florida <b>07/16/1996</b>
City & State <b>ORLANDO - FL</b>	City & State <b>ORLANDO - FL</b>	5. FEI Number <b>59-3412398</b>
Zip <b>32828</b>	Country <b>USA</b>	Country <b>USA</b>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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	4 City / State / Zip
PD	SMITH, RALPH E SR.	LAKE UNDERHILL DRIVE <b>14237</b>	ORLANDO FL 32828
VPD	MARIA T. GONZALEZ	LAKE UNDERHILL DRIVE <b>14237</b>	ORLANDO FL 32828
STD	VELASQUEZ, NETTE	LAKE UNDERHILL DRIVE <b>14237</b>	ORLANDO FL 32828
			7000038035437 8 -11/04/99--01081--012 *****61.25 *****61.25

8. Name and Address of Current Registered Agent <b>PENN FIRST MANAGEMENT INC</b> <b>453 MARK TWAIN BLVD</b> <b>ORLANDO FL 32828</b>	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> Zip Code
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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]* Date: **10/26/99**  
 REGISTERED AGENT MUST SIGN

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., 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]* **Ivette Velasquez**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: **October 20, 1999** Daytime Phone #: **(407) 275-1869**

CR20040 (8/99)