

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUN -5 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/21/02--01012--010
****175.00 ****175.00

REINSTATEMENT 01-02

05-14-02 190257 own 61-25
05-23-02 01007 022 61-25

DOCUMENT # N97000001625

1. Corporation Name

THE COMMUNITIES AT MARCUS LAKE HOMEOWNERS ASSOCIATION

2. Principal Office Address

224 East Garden st

3. Mailing Office Address

224 East Garden St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1

#1

City & State

Pensacola, FL

City & State

Pensacola, FL

Zip

32501

Country

Escambia

Zip

32501

Country

3 Escambia

4. Date Incorporated or Qualified To Do Business in Florida

3/28/97

5. FEI Number

58=2385191

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

Additional Fee required

7. Name and Address of Current Registered Agent

Name

Sandra J. Ward Realty

Street Address (P.O. Box Number is Not Acceptable)

224 E. Gardent St.

Suite, Apt. #, Etc.

#1

City

Pensacola

State

FL

Zip Code

32501

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

Sandra J. Ward
REGISTERED AGENT MUST SIGN

Date

2/13/02

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
Pres DIR	Boyd, James	2280 N. 9th Ave.	Pensacola, FL 32502
-V/P DIR	Boyd, Ralph	2280 N. 9th Ave.	Pensacola, FL 32503
Sec DIR	Preer, Sandra	2280 N. 9th Ave.	Pensacola, FL 32503
Dir.	-Brown, Robert	7059 Rampart Way	Pensacola, fl 32505

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 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:

Sandra B Preer 02-14-2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #