PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

NONPROFIT
CORPORATION
REINSTATEMENT

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

APPROVED AND FILED
00 FEB 18 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000000155

1. Corporation Name SUT
SUTHERLAND NEIGHBORHOOD ASSOCIATION INC

2. Principal Office Address	**3.** Mailing Office Address
2180 W SR 434	2180 W SR 434
Suite, Apt. #, etc.	Suite, Apt. #, etc.
STE 5000	STE 5000
City & State	City & State
LONGWOOD FL	LONGWOOD FL
Zip / Country	Zip / Country
32779 / US	32779 / US

4. Date Incorporated or Qualified To Do Business in Florida 01/12/98

5. FEI Number 59-3577477 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
HART,JAMES W JR

300003145393--E
-02/24/00--01004--005
****297.50 ****297.50

Street Address (P.O. Box Number is Not Acceptable)
2180 W SR 434

Suite, Apt. #, Etc.
STE 5000

City: LONGWOOD | State: FL | Zip Code: 32779

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 _____ Date 1/27/00
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
PD	HACKER,E. BING	1900 KINGS RIDGE BLVD	CLERMONT FL 34711
STD	LAURA MCPHERSON	1900 KINGS RIDGE BLVD	CLERMONT FL 34711
VD	WILLIAMS,KEITH	1900 KINGS RIDGE BLVD	CLERMONT FL 34711

REINSTATEMENT 00

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: _____ 2-3-00 352-242-1972
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #