

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 FEB 21 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N98000001646**

1. Corporation Name
**DEAN WOODS
HOMEOWNERS ASSOC., INC.**

2. Principal Office Address
10501 ROCKING A RUN
Suite, Apt. #, etc.

3. Mailing Office Address
10501 ROCKING A RUN
Suite, Apt. #, etc.

City & State
ORLANDO, FL.
Zip **32825** Country **U.S.A.**

City & State
ORLANDO, FL.
Zip **32825** Country **USA**

500012793355
02/19/03-81053--016 **236.25
02-03
01-17-02 9043 037 \$61.25
4. Date Incorporated or Qualified To Do Business in Florida
5. FEI Number **59-3539705** Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT

7. Name and Address of Current Registered Agent

Name **STEPHEN A. SARTO**
Street Address (P.O. Box Number is Not Acceptable)
10525 ROCKING A RUN
Suite, Apt. #, Etc.
City **ORLANDO** State **FL** Zip Code **32825**

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 **Stephen A. Sarto** Date **2-14-03**
REGISTERED AGENT MUST SIGN

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
DP	STEPHEN A. SARTO	10525 ROCKING A RUN	ORLANDO, FL. 32825
DVP	LISETTE CARROMERO	10501 ROCKING A RUN	" "
S	GEORGE QUIRQUIS	10419 ROCKING A RUN	" "
DT	ROBERT SNOKE	10305 ROCKING A RUN	" "

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: **Stephen A. Sarto** **STEPHEN A. SARTO** 2/14/03 407-482-6938
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)