PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 DEC 20 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000001715

REINSTATEMENT 04

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12/20/04--01069--027 **236.25

1. Corporation Name

Waterstreet at Celebration, A Condominium
701 Celebration Ave.
701 Celebration Ave.

2. Principal Office Address		**3.** Mailing Office Address	
701 Celebration Ave.		701 Celebration Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Celebration, FL		City & State: Celebration, FL	
Zip: 34747	Country: USA	Zip: 34747	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 58-2447135 ☐ 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: Tarragon Management, Inc.
Street Address (P.O. Box Number is Not Acceptable): 701 Celebration Ave.
Suite, Apt. #, Etc.:
City: Celebration, State: FL Zip Code: 34747

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: 11/24/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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	Cauley, Jim	200 E. Las Olas Blvd., Ste., 1660	Ft. Lauderdale, FL 33301
VPAS	Martin, Tony	701 Celebration Ave.,	Celebration, FL 34747
D	Martin, Tony	701 Celebration Ave.,	Celebration, FL 34747
STD	Rubenstein, Charles	1775 Broadway, 23rd Floor	New York, N.Y. 10019

$ 12/21

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: _____ 12/3/04 407-816-5906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #