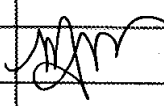
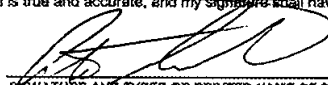


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 AUG -6 AM 9:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # N98000004922					
1. Corporation Name BRIGHTON POINTE ESTATES HOMEOWNERS ASSOCIATION OF POLK COUNTY, INC.					
2. Principal Office Address 4900 FRONTAGE ROAD S.		3. Mailing Office Address SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LAKE LAND, FL		City & State			
Zip 33815	Country POLK	Zip	Country	4. Date Incorporated or Qualified To Do Business in Florida 8/26/98	
				5. FEI Number ☒ 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 GLEND A G. CRONIN					
Street Address (P.O. Box Number is Not Acceptable) 4900 FRONTAGE ROAD S.					
Suite, Apt. #, Etc.					
City LAKE LAND					
State FL Zip Code 33815					
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 Glenda G. Cronin Date 7/31/01					
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	
PD	PETER J. FONTAINE	4900 FRONTAGE ROAD S		LAKE LAND, FL 33815	
STD	GLEND A G. CRONIN	" " " "		" " "	
D	CINDY STANFORD	" " " "		" " "	
					
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:  7/31/01					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					