PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 13 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000005889

1. Corporation Name

SUMTER LAKE ESTATES OWNERS' ASSOCIATION, INC.

REINSTATEMENT 03

2. Principal Office Address	**3.** Mailing Office Address
5665 N. Sumter Blvd.	5665 N. Sumter Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: North Port, FL	City & State: North Port, FL
Zip: 34286 Country: USA	Zip: 34286 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/15/98

5. FEI Number: 59-343-1894 ☐ 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: Robert E. Metker

10/13/03--01113--001 **236.25

Street Address (P.O. Box Number is Not Acceptable): 5665 N. Sumter Blvd.

300023769003
10/13/03--01113--001 **236.25

Suite, Apt. #, Etc.

City: North Port | State: FL | Zip Code: 34286

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: Robert E. Metker — Date: 10-9-03

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
Pres. -D	Robert E. Metker	5665 N. Sumter Blvd.	North Port, FL 34286
Treas -D	Steve Redman + Susan	5745 ~~5665~~ N. Sumter Blvd.	North Port, FL 34286
V.P. -D	Ruth Metker	5665 N. Sumter Blvd.	North Port, FL 34286
Sec. -D	Fred + Anna Wagner	5080 Hablow Lane	North Port FL 34286

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: Ruth A Metker - Ruth A. Metker — 10-09-03 — 941-426-4088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #