


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 NOV 15 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


<b>CORPORATION REINSTATEMENT</b>		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N99000001011			
1. Corporation Name CROSS TIE RANCH OF LAKE COUNTY HOMEOWNERS ASSOCIATION INC			
2. Principal Office Address 2180 W SR 434 Suite, Apt. #, etc. STE 5000 City & State LONGWOOD FL Zip 32779		3. Mailing Office Address 2180 W SR 434 Suite, Apt. #, etc. STE 5000 City & State LONGWOOD FL Zip 32779	
Country US		Country US	

**REINSTATEMENT 2001**

4. Date Incorporated or Qualified To Do Business in Florida 02/16/1999	
5. FEI Number 59-3673022	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name JAMES W HART JR	700004732817-7
Street Address (P.O. Box Number is Not Acceptable) 2180 W SR 434	-12/19/01--01045--018 ****236.25 ****236.25
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: 11/9/01

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	HANK MCDANIEL	5500 NASHUA BLVD <del>626 SOUTHPORT DR</del>	Sorrento FL 32776 <del>LONGWOOD FL 32760</del>
TD	RANDY LUSIGNAN	36712 NASHUA BLVD	SORRENTO FL 32776
SD	RON HARRELL	34942 NASHUA BLVD	SORRENTO FL 32776

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:  Date: 11/9/01 Daytime Phone: 407 647 4402

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR