PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 JUL 27 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****358.75 ****358.75

DOCUMENT # N18260

1. Corporation Name

DEER RUN HOMEOWNERS Association #17, Inc.

REINSTATEMENT 99-01

2. Principal Office Address	**3.** Mailing Office Address
HOA UNIT 17	HOA UNIT 17
Suite, Apt. #, etc. P.O. Box 181245	Suite, Apt. #, etc. P.O. Box 181245
City & State Casselberry, FL	City & State Casselberry, FL.
Zip 32718 Country US	Zip 32718 Country US

4. Date Incorporated or Qualified To Do Business in Florida 12/15/1986

5. FEI Number N/A ☐ 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: Karen M. Noble 297.50+AM

Street Address (P.O. Box Number is Not Acceptable): 321 Hearth Lane 61.25-AR

Suite, Apt. #, Etc.:

City: Casselberry | State: FL | Zip Code: 32707

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: Karen M Noble — Date: 6/22/01
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
P/D	John Lyons	360 Hound Run Place	Casselberry FL 32707
V/D	Karen M. Noble	321 Hearth Lane	Casselberry FL 32707
S/T/D	Ken & Kim Rogers	303 Hearth Lane	Casselberry, FL 32707

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: Karen M Noble — 6/22/01 — (407)695-4045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #