

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 31 AM 8:00

DOCUMENT # N10936
1. Corporation Name Bryn MAWR HOA #5, INC.

2. Principal Office Address <u>3215 OAKSTAND LANE</u>		3. Mailing Office Address <u>3215 OAKSTAND LANE</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>ORLANDO FL</u>		City & State <u>ORLANDO FL</u>	
Zip <u>32812</u>	Country <u>ORANGE</u>	Zip <u>32812</u>	Country <u>ORANGE</u>

REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida <u>8/1/1989</u>	
5. FEI Number	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 <u>Charles J. Collins</u>	400025869374 12/31/03--01010--023 **150.00
Street Address (P.O. Box Number is Not Acceptable) <u>3295 Windy Wood Dr</u>	
Suite, Apt. #, Etc.	
City <u>ORLANDO</u>	State <u>FL</u> Zip Code <u>32812</u>

MRS

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 Charles J. Collins Date 11-29-03
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	Charles Collins	3295 Windy Wood Dr	Orl. FL 32812
V. Pres	Sally McAlister	3120 Tall Timber	Orl. FL 32812
Sec	Barbara Brady	3407 Windy Wood Dr	Orl. FL 32812
Dir	John Young	3101 Tall Timber Dr	Orl. FL 32812
Dir	Dennis Tordoff	3299 Windy Wood Dr	Orl. FL 32812
Dir	Walter Opdyke	3085 Tall Timber Dr	

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:

Charles J. Collins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-29-03

Date

407-267-5440

Daytime Phone #

CR2E081 (10/02)