

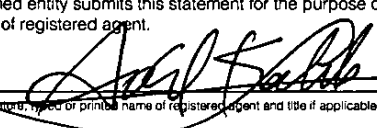
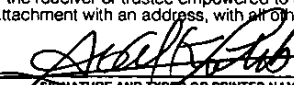


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N94000000467 1. Entity Name VALENCIA POINTE HOMEOWNER'S ASSOCIATION, INC.						FILED 05 APR -4 PM 4:53 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 882 JACKSON AVE WINTER PARK, FL 32789 US				Mailing Address 882 JACKSON AVE WINTER PARK, FL 32789 US			
2. Principal Place of Business 803 McLEAN CT Suite, Apt. #, etc.		3. Mailing Address 803 McLEAN CT Suite, Apt. #, etc.		 REINSTATEMENT 04-05 <small>03/12/2005 FEE \$122.50 CB2E005(0104)</small>			
City & State ORLANDO, FL		City & State ORLANDO, FL		4. FEI Number 59-3232374		Applied For <input type="checkbox"/> Not Applicable	
Zip 32825		Country ORANGE		Zip 32825		Country ORANGE	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent DAVIS, KEVIN M 882 JACKSON AVE. WINTER PARK, FL 32789			
7. Name and Address of New Registered Agent Name Adel KATIB Street Address (P.O. Box Number is Not Acceptable) 803 McLEAN CT City ORLANDO FL Zip Code 32825				8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				(NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$122.50				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
Make check payable to Florida Department of State				10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD HANKINS, MARILYN 713 MCLEAN COURT ORLANDO, FL 32825		<input checked="" type="checkbox"/> Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		STD TRIBBLE, SAMUEL 701 MCLEAN COURT ORLANDO, FL 32825		<input checked="" type="checkbox"/> Delete		PRESIDENT ADEL KATIB 803 McLEAN CT ORLANDO, FL 32825 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VD SHEA, CECICIA 708 MCLEAN COURT ORLANDO, FL 32825		<input checked="" type="checkbox"/> Delete		VICE PRESIDENT FRANK DALBO 720 McLEAN CT ORLANDO, FL 32825 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[Empty]		<input type="checkbox"/> Delete		VICE PRESIDENT MICHAEL ADANI 721 McLEAN COURT ORLANDO, FL 32825 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[Empty]		<input type="checkbox"/> Delete		SECRETARY/TREASURER PAULETTE BOSCH 830 McLEAN CT ORLANDO, FL 32825 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[Empty]		<input type="checkbox"/> Delete		300054206483 05/10/05--01045--001 **131.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[Empty]		<input type="checkbox"/> Delete		[Empty]	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 				Adel KATIB			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 2-15-05 Daytime Phone # 321-377-1185			