


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 06 AUG 18 AM 10:46 DIVISION OF STATE RECORDS & ADMINISTRATION
DOCUMENT # <u>W96000006527</u>			
1. Corporation Name <u>The Estates Lot Owners Association, Inc</u>			
2. Principal Office Address <u>205 Canova Dr.</u>		3. Mailing Office Address <u>Same</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>New Smyrna Bch, FL</u>		City & State <u>Same</u>	
Zip <u>32169</u>	Country <u>USA</u>	Zip	Country
		4. Date Incorporated or Qualified To Do Business in Florida <u>12/23/1996</u>	
		5. FEI Number <u>59-3496950</u>	
		<input type="checkbox"/> 6. CERTIFICATE OF STATUS DESIRED <u>\$8.75 Additional Fee required for a Certificate of Status</u>	
7. Name and Address of Current Registered Agent			
Name <u>Karla Baumann</u> <u>200078983702</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>205 Canova Drive</u> <u>08/22/06--01019--002 **603.75</u>			
Suite, Apt. #, Etc.			
City <u>New Smyrna Bch</u>		State <u>FL</u>	Zip Code <u>32169</u>
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 <u>[Signature]</u>		Date <u>8-14-06</u>	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Brad Boehmler	1959 South Creek	Daytona Bch, FL 32128
ST/D	Gene Hedda	1978 South Creek	Daytona Bch, FL 32128
VP/D	Sal DeVincenzo	1930 South Creek	Daytona Bch FL 32128
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 contained in Chapter 119, 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: <u>[Signature]</u>		Date <u>8/14/06</u> (386) 405-3312	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	