PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 APR 24 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N13778

REINSTATEMENT 02-03

200015563472
04/24/03--01069--002 **61.25

1. Corporation Name

Summer Lakes Homeowners Association of Orlando, Inc.

2. Principal Office Address	**3.** Mailing Office Address
225 S. Westmonte Dr	P.O. Box 161606
Suite, Apt. #, etc.: Suite 2050	Suite, Apt. #, etc.:
City & State: Altamonte Springs, FL	City & State: Altamonte Sprgs, FL
Zip: 32714 Country: USA	Zip: 32716-1606 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 3/11/86

5. FEI Number: 59-2877217 ☐ 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: Ellen R. Womack

Street Address (P.O. Box Number is Not Acceptable): 225 S. Westmonte Drive

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04/09/03--01076--008 **236.25

Suite, Apt. #, Etc.: Suite 2050

City: Altamonte Springs. State: FL Zip Code: 32714

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: Ellen R. Womack Date: 3/25/03
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
DP	Thomas Scott	984 Summer Lakes Drive	Orlando, FL 32835
DVP	Marvin Smith	1049 Summer Lakes Drive	Orlando, FL 32835
DST	David Wentworth	1000 Summer Lakes Drive	Orlando, FL 32835
D	Todd Albers	7512 Summer Lakes Drive	Orlando, FL 32835
D	Mike Cooper	7529 Summer Lakes Ct.	Orlando, FL 32835
D	Theresa Stiteler	1051 Nin Street	Orlando, FL 32835
D	Jeff Tomecek	7524 Summer Lakes Ct.	Orlando, FL 32835

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: MARVIN M. SMITH 3/30/03 (407)522-7430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4/25