

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 JAN 11 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730563

1. Corporation Name

BCL Aine North Homeowners, INC.

2. Principal Office Address

c/o J. K. Gilliland

Suite, Apt. #, etc.

1941 Hewett Lane

City & State

Maitland, FL

Zip

32751

Country

USA

3. Mailing Office Address

c/o J. K. Gilliland

Suite, Apt. #, etc.

1941 Hewett Lane

City & State

Maitland, FL

Zip

32751

Country

USA

REINSTATEMENT 64-06

4. Date Incorporated or Qualified
To Do Business in Florida

12-13-05

5. FEI Number

59-1635339

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

JAMES KELLY GILLILAND

Street Address (P.O. Box Number is Not Acceptable)

1941 Hewett Lane

Suite, Apt. #, Etc.

City

Maitland

State

FL

Zip Code

32751

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12-28-05

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
PD	James K. Gilliland	1941 Hewett Lane	Maitland, FL 32751
VPD	Paul Banfield	1905 Blossom Lane	Maitland, FL 32751
TD	NORMAN LEVINE	1921 Poinsetta Lane	Maitland, FL 32751
SD	BARBARA BROUGHTON	1929 South Street	Maitland, FL 32751

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-28-05 407-808-9719

Daytime Phone #

B. Mitchell JAN 11 2006