PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	746494
1. Corporation Name	
WATERBRIDGE COMM	MUNITY ASSOCIATION, INC.

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WATERBRIDGE COMMUNITY ASSOCIATION, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA TALLAHASSEE, FLORIDA	
P.O. BOX 1586 WINTER PK FL 32780 US P.O. BOX 1586 WINTER PK FL 32790 US P.O. BOX 1586 WINTER PK FL 32790 US REINSTATEVIEW	
## Applicable Sulte, Apt. #, etc. ## Applicable Su	
City & State 59-1976662	Applied For Not Applicable
Zip Country CERTIFICATE OF STATUS DESIRED Cor a Certificate of STATUS DESIRED Corrections of the Certificate of STATUS DESIRED CORRECTION of the Certificate of STATUS DESIRED CORRECTION of the Certificate of STATUS DESIRED CORRECTION of	tional Fee required lificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)	
Title(s) 1 2 Name of Officers Street Address of Each Officer and/or Directors 3 (Do NOT Use Post Office Box Numbers) 4 City / State / Zip	
PRES CONRAD, DAVID 1077-JESSICA-OT- 1077-JESSICA-OT- 1706 DEMETRICE DR. 32789	
PEKER, JAN 1680 JOELINE COURT WINTER PARK, FL. 02 1287 SERBNA 32789	7
TD-7D PALMER, DOUGLAS G 1721 LAKE BERRY DR. WINTER PARK FL	
TRAIS JAN REKER 1660 JOLINE COURT 32789 WADS JONES, TOM- 1808 JILL CI WINTER PARK FL 3 2789	
90002339 %1 -11/05/97- 11/ 93 ****236.25 **	3 0√33 74013 X 236.25
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent	*****
ARNOLD, C JEFFERY 822 EAST DENTRAL ORLANDO FL 32802 VAN POWELL WHITE Street Address (P.O. Box Number is Not Acceptable) Sulte, Apt. #, Etc. City State Zip C	ode
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Date 10-30-4	77
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No X	ormation c.)

12. 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 filling 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