APPLICATION FOR	ALL INSTRUCTIONS BEFORE (FLORIDA DEPARTMENT OF STATE Katherine Harris	7
REINSTATEMENT	Secretary of State Division of corporations	99 MAY 17 PH 2: 19
1 Corporation Name	32 Homeowners Associati	COVER STATE 1/AUT/2012 SELF CORIDA
	IN.	
Principal Place of Business 4786 S. ATLANTIC	Mailing Address	
Ponce INJET 74. 3	12127	
Unit B-4 SCOTT GA	CRETT VICE PAGS.	REINSTATEMENT 96-99
2. New Principal Office Address, If Applicable 4784 5. Atlantic Are Suite, Apt. #. etc.	3. New Mailing Office Address, If Applicable 4786 5. Atlantic Ame Suite, App #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 1. 14 17
City & State Ponce Fulet FL,	City State Prince Polet	5. FEI Number Applied For Not Applicable
Zip Country USA	FL. Country USA	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
Name of Officers	or Director. (Florida nonprofil corporations must list at lea	7/10/00/2005 152
Title(s) and/or Directors	Officer and/or Director 3 (Do NOT Use Post Office Box N	
P/D RODGET J. AM		#
VID' Scott A. GARRE	tt 4786 S Atlantic Are	4B Parce Inlet FL 32127
SIT/D DAY Brown TOO	16415 School ST	South Holland, IL 40423
		Sec. (()(()()()()()()()()()()()()()()()()(
8. Name and Address of Current F	locatetored Apone	
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Scott Grarrett		
	4786	O. Box Number is Not Acceptable) S. Atlantic Aue
	Suite, Apt. #, Etc. 4B City_	State Zip Code
10. I, being appointed the registered agent of the about	ve named corporation, am familiar with and accept the ob-	INLET FL 32127
Registered Agent	WEST SIGN	Date 5/12/99
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No V		
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 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. Denated Brown street.		
SIGNATURE: Describe Sec. Treas. April 14, 1999 708-331-1291 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Date: Dayling Prioric #		