

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # 755966   TALLAHASSEE, FLORIDA     VERANDAS CIVIC IMPROVEMENT ASSOCIATION, INC.   TALLAHASSEE, FLORIDA     2. Principal Office Address   3. Mailing Office Address   Ig20 LAKESIDE DRIVE     1920 LAKESIDE DRIVE   Sulle, Apt. R, etc.   Sulle, Apt. R, etc.     City & State   ORLANDO, FL   ORLANDO, FL     Zip   Outlery   Country   State     32803   USA   220     VINCE CLOYD   State   State     Vince CLOYD   State   State     City ORLANDO   PL   Current Registered Agent     Name   VINCE CLOYD   State     State   Orlando   State     VINCE CLOYD   State   State     State   Orlando   State     VINCE CLOYD   State   State     State   Orlando   State     Orlando   PL   Orlando     State   Orlando   State     State   City ORLANDO   PL     State   State   State     Iggeotate Address of Each Officer and/or Director (Florida nonprofil corporations must fat least 3 directors)	FILED 06 OCT -4 PM 12: 39		
2. Principal Office Address   3. Mailing Office Address     1920 LAKESIDE DRIVE   1920 LAKESIDE DRIVE     Suite, Apt. #, etc.   Suite, Apt. #, etc.     City & State   Clip & State     ORLANDO, FL   ORLANDO, FL     Zip   32803     Country   Zip     32803   Country     Zip   32803     Country   Zip     32803   Country     Zip   32803     Country   Zip     32803   Country     Zip   32803     Country   Site     Name   VINCE CLOYD     VINCE CLOYD   Name and Address of Current Registered Agent     Name   VINCE CLOYD     State   Zip Code     City   State     City   State     City   State     Sinte, Apt. #, Etc.   Zip Code     City   ORLANDO     Sinte, Apt. #, Etc.   Zip Code     City   ORLANDO     Sinte, Apt. #, Etc.   Zip Code     City   REGISTERED AGENT MUST SIGN			
I 920 LAKESIDE DRIVE     Suite. Apt. #, etc.     Suite. Apt. #, etc.     City & State     ORLANDO, FL     ORLANDO, FL     ORLANDO, FL     Country     32803     USA     ORLANDO, FL     Country     32803     USA     OBLENDO, FL     Suite, Apt. #, etc.     Country     32803     USA     OBLENDO, FL     Suite, Apt. #, etc.     Outrive     State     Outrive     State     OUTROE CLOYD     State     State     OUTROE CLOYD     State     State     OUTROE CLOYD     State     State     OUTROE CLOYD     Registered Agent  <			
City & State   City & State   Image: City & City & State   Image: City & State   Image: City & City & City & City & State   Image: City & City & State   Image: City & City & State   Image:	3.01		
ORLANDO, FL ORLANDO, FL 5. FEI Number A   Zip Country Zip Country State 59-1116520 N   32803 USA 32803 Country State			
32803 USA 32803 USA CERTIFICATE OF STATUS DESIRED Strest Addition for a Certific or a Certific or a Certific   Name and Address of Current Registered Agent   VINCE CLOYD   Street Address (P.O. Box Number is Not Acceptable)   1920 LakESIDE DRIVE   Suite, Apt. #, Etc.   City   ORLANDO   State   City ORLANDO   State   City ORLANDO   State   State   City ORLANDO   State   State   City ORLANDO   State   State   City ORLANDO   State   State   State   City ORLANDO   PLO   Date   Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <td c<="" th=""><th>Applicable</th></td>	<th>Applicable</th>	Applicable	
Name   VINCE CLOYD     Street Address (P.O. Box Number is Not Acceptable)   1920 LAKESIDE DRIVE     Suite, Apt. #, Etc.   State     City   ORLANDO     FL   State     Zip Code   32803     8. I, being appointed theregistered 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   VINCE CLOYD     REGISTERED AGENT MUST SIGN   Date     9. Names and Street Addresses of Each Officer and/or Directors   Officer and/or Director     Officers and/or Directors   Street Address of Each     Officers and/or Directors   Officer and/or Director     City / State / Zip   PD     VINCE CLOYD   1920 LAKESIDE DRIVE     ORLANDO, FL 32803   D     JOHN CLOYD   RT. 1, BOX 84     JASPER, FL 32052   ORLANDO, FL 32803     D   JOHN CLOYD     RT. 1, BOX 84   JASPER, FL 32052     D   AGNES C. CLOYD   3004 WESTCHESTER AVE.   ORLANDO, FL 32803			
VINCE CLOYD     Street Address (P.O. Box Number is Not Acceptable)     1920 LAKESIDE DRIVE     State     Street Address (P.O. Box Number is Not Acceptable)     Street Address (P.O. Box Number is Not Acceptable)     Street Address (P.O. Box Number is Not Acceptable)     Street Address of Lach Officer and/or Oppration, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.     Signature of Registered Agent     VINCE CLOYD     Name of Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)     Titles     Name of Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)     Titles     Name of Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)     Titles     Name of Officer and/or Directors     Officer and/or Directors <t< th=""><th></th></t<>			
Signature of Registered Agent   Date     VINCE CLOYD   REGISTERED AGENT MUST SIGN     Date     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   VINCE CLOYD   1920 LAKESIDE DRIVE   ORLANDO, FL 32803     D   JOHN CLOYD   RT. 1, BOX 84   JASPER, FL 32052     D   AGNES C. CLOYD   3004 WESTCHESTER AVE.   ORLANDO, FL 32803			
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Intes Officers and/or Directors Officer and/or Director   PD VINCE CLOYD 1920 LAKESIDE DRIVE ORLANDO, FL 32803   D JOHN CLOYD RT. 1, BOX 84 JASPER, FL 32052   D AGNES C. CLOYD 3004 WESTCHESTER AVE. ORLANDO, FL 32803			
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10./10./3601080007 **	28.75		
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 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. I further certify that 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.     SIGNATURE:   9/   /06	t all fees		
SIGN TURE AND TYPED OR PRINTED AME OF SIGNING OFFICER OR DIRECTOR Data Day Daytime Phone A	2005		

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