Applied For Not Applicable lditional Fee required ertificate of Status

	\- <u></u>	PLEASE READ A	ALL INST	RUCTI	ONS BEFORE	JOMPLE II	NG THIS FORM.	104	
	RPORATION NSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS						FILED 2007 DEC -7 AM II: 00		
DOCUMENT # 756592 1. Corporation Name Bel-Aire Hills Homeowners Association, Inc.						TÄLLÄHÄSSEE, FLORIDA			
2. Principal Office Address - No P.O. Box # 2822 Bermuda Ave. N. Suite, Apt. #, etc.			3. Mailing Office Address 2822 Bermuda Ave. N. Suite, Apt. #, etc.			REINSCR2E081(1707)MEST 4. Date Incorporated or Qualified To Do Business in Florida 03-03-1981			
City & State Apopka, FL			City & State Apopka, FL				5. FEI Number 59-2035030 Applied For Not Applicable		
^{Zip} 3270	3	Country	^{Zip} 32703		USA	6. CERTIFICATE		Additional Fee requi a Certificate of Statu	
7. Name and Address of Current Registered Agent Canfield, Carrie Street Address (P.O. Box Number is Not Acceptable) 2822 Bermuda Ave. Suite, Apt. #, Etc. Sitate FL 32703						The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
	g appointed the		eGISTERED AG	Xfirs	<u> </u>	obligations of secti	on 607.0505 or 617.0503, F.S. Date 11/30/07		
9. Names	s and Street A	ddresses of Each Officer an	d/or Director (Flo	orida nonpro	ofit corporations must list at	least 3 directors)		4,65	
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State / Zip			
D	Canfield, Carrie			2822 Bermuda Ave. N.		/e. N.	Apopka, FL 3	2703	
Т	Sinclair, Larry			2708 Dorado Ct.		Apopka, FL 3	2703		
D	Baumgardner, Brooke			2843 Bermuda Ave. N.		Apopka, FL 3	2703		
D	Signil, Belinda			2831 Bermuda Ave. N.		e. N.	Apopka, FL 32	2703	

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 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 contained in Chapter 119, 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.

2835 Bermuda Ave. N.

SIGNATURE:

D

Allison, Seymour

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/07 Date

12/07/

407-433-8580

Apopka, FL 32703

Dept. of State

To: Division of Corporations Attn: Reinstatement Department

PO Box 6327

Tallahassee, FL 32314

Fr: Bel-Aire Hills Homeowners Assn.

Carrie Canfield, RA

Dt: 11/30/07

I am the Registered Agent for the Bel-Aire Hills Homeowners Assn., Inc. Our FEI Number is 59-2035030. I called your office regarding our 2007 Not-for-Profit Corporation Annual Report since we had never received the paperwork to file the '07 Annual Report.

Your staff member informed us we were currently dissolved due to non-payment. We also had not received any letter saying we were currently dissolved.

She said we could submit our \$61.25 to your office for reinstatement, along with this letter, prior to the end of '07 and the provision for waiver of the reapplication fee would apply due to our non-profit status? Enclosed please find the check for reinstatement. Could you please let us know you received our check and the change in our status to active? My address is on the Annual Report.

Could you also check to see if we'll be mailed an annual report in 2008? Perhaps we can be added to the mailing? Thank you for your assistance! Have a great holiday season.

Sincerely,

Carrie Canfield

RA, Bel-Aire Hills Homeowners Assn.