

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED


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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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REINSTATEMENT

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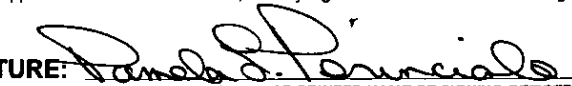
<b>CORPORATION REINSTATEMENT</b> 		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> 757685			
<b>1. Corporation Name</b> Leona Heights Homeowners Association, Inc.			
<b>2. Principal Office Address</b> 8710 Leona Street Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 8710 Leona Street Suite, Apt. #, etc.	
<b>City &amp; State</b> Seminole, FL		<b>City &amp; State</b> Seminole, FL	
<b>Zip</b> 33772	<b>Country</b> USA	<b>Zip</b> 33772	<b>Country</b> USA

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 4/22/1981		<b>Applied For</b> <input type="checkbox"/>
<b>5. FEI Number</b> 82-054565		<b>Not Applicable</b> <input type="checkbox"/>
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee required for a Certificate of Status</b>

<b>7. Name and Address of Current Registered Agent</b>		
<b>Name</b> Pamela L. Perinciolo		
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 8710 Leona Street		
<b>Suite, Apt. #, Etc.</b>		
<b>City</b> Seminole	<b>State</b> FL	<b>Zip Code</b> 33772

<b>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.</b>	
<b>Signature of Registered Agent</b> 	<b>Date</b> May 29, 2002
<b>REGISTERED AGENT MUST SIGN</b>	

<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Pamela L. Perinciolo	8710 Leona Street	Seminole, FL 33772
V	William Apple	12170-88th Ave. N.	Seminole, FL 33772
T	Lynn Chauhan	12151 Rhonda Terr.	Seminole, FL 33772
S	Bette Raup	12170 Bonnie Terr.	Seminole, FL 33772
D	Dick Adolphson	8856 Tami Street	Seminole, FL 33772
D	Bertha Dellifraire	12098-88th Ave N.	Seminole, FL 33772

<b>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.</b>		
<b>SIGNATURE:</b> 	<b>Date</b> 5/29/02	<b>Daytime Phone #</b> 727-397-5009
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>		

CR2E081 (9/01)

Cont'd next page

7/1/02

D - Barbara Saydeh - 12155 Orange Blossom - Seminole,  
FL 33772

## PAMELA PERINCIOLO

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8710 Leona Street  
Seminole, FL 33772  
(727) 397-5009  
CPerin@aol.com

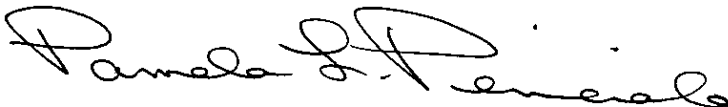
July 1, 2002

Ref: Letter Number: 702A00038391

Dear Ms. Mitchell,

We received our corporate reinstatement application and check in the mail from you.  
Thank you for bringing to our attention the need for the three directors. We are returning  
to you our application and check.

Sincerely,

A handwritten signature in cursive script, appearing to read "Pamela L. Perinciolo".

Pamela L. Perinciolo  
President  
LEONA HEIGHTS HOMEOWNERS ASSOC.