

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 FEB -5 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (12/07)

07-08
[Signature]

DOCUMENT # 760448

1. Corporation Name **Montgomery Woods Condominium Association, INC.**

2. Principal Office Address - No P.O. Box # C/O KL Mgmt Group, INC.		3. Mailing Office Address C/O KL Mgmt Group, INC.	
Suite, Apt. #, etc. 1360 N. Goldenrod Rd #12		Suite, Apt. #, etc. 1360 N. Goldenrod Rd. #12	
City & State Orlando FL		City & State Orlando FL	
Zip 32807	Country	Zip 32807	Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number **27-0077179**
 Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **Keith R. Kiebzak**
 Street Address (P.O. Box Number is Not Acceptable) **KL Management Group, INC.**
 Suite, Apt. #, Etc. **1360 N. Goldenrod Road Suite 12**
 City **Orlando FLORIDA** State **FL** Zip Code **32807**

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.

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.

Signature of Registered Agent *[Signature]* Date **2/4/08**
 REGISTERED AGENT MUST SIGN

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	Robert Fabricatore	425 S. Netherwood Crescent	Altamonte Springs FL 32714
VD	Jose Luiz, SR.	413 S. Netherwood Crescent	Ditto
TD	Idelia Morales	431 S. Netherwood Crescent	Ditto
SD	Laura Brown	412 S. Netherwood Crescent	Ditto

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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 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.

SIGNATURE: *Robert L. Fabricatore* Date **2/4/08** Daytime Phone # **407/482-2622**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR