

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 JUL -2 P 4: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
400182869364
07/02/10--01035--003 **70.00
06/18/10 -01033-007 796.25

CR2B081 (6/10)

DOCUMENT #763945

1. Corporation Name
*Bryn Mawr South Homeowners Association
Unit I, Inc.*

| | | | |
|---|--------------------------|--|---------|
| 2. Principal Office Address - No P.O. Box # 4580 St. Brides Ct. | | 3. Mailing Office Address Same | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Orlando, FL | | City & State | |
| Zip 32812 | Country Orange | Zip | Country |

| | |
|---|--|
| 4. Date Incorporated or Qualified To Do Business in Florida 06/28/1992 | |
| 5. FEI Number 59-2469814- | Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> |
| 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |

7. Name and Address of Current Registered Agent

Name
Louise Dutton

Street Address (P.O. Box Number is Not Acceptable)
3261 W. St. Brides Cir.

Suite, Apt. #, Etc.

City
Orlando

State
FL

Zip Code
32812

REINSTATEMENT
2000-2010
JB

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 *Jennifer Becker* Date **6.29.10**

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 | John Hess | 4580 St. Brides Ct. | Orlando, FL 32812 |
| TD | Jennifer Becker | 4581 St. Brides Ct. | Orlando, FL 32812 |
| VD | Bill Mustian | 4575 St. Brides Ct. | Orlando, FL 32812 |
| VD | Tom Savelli | 4561 St. Brides Ct. | Orlando, FL 32812 |
| SD | Misty Faircloth | 4571 St. Brides Ct. | Orlando, FL 32812 |

10. E-mail Address: *bryn.mawr.hoa@gmail.com*
(To be used for future annual report notification)

11. 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. I further certify, 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: *Jennifer Becker* Date **6.29.10** 4079477149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #