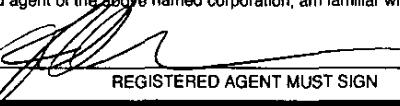
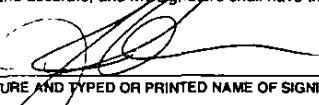


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																													
DOCUMENT # 764313 1. Corporation Name Lake Down Homeowners Association, inc.																															
2. Principal Office Address - No P.O. Box # 10435 Down Lakeview Circle Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 1201 Suite, Apt. #, etc.																													
City & State Windermere, Florida		City & State Windermere, Florida																													
Zip 34786	Country USA	Zip 34786	Country USA																												
7. Name and Address of Current Registered Agent Name Joseph T. Alarie Jr. Street Address (P.O. Box Number is Not Acceptable) 10435 Down Lakeview Circle Suite, Apt. #, Etc. City Windermere State FL Zip Code 34786																															
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  REGISTERED AGENT MUST SIGN																															
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1"> <thead> <tr> <th>Titles</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>P/D</td> <td>Joe Alarie</td> <td>10435 Down Lakeview Circle</td> <td>Windermere, Florida 34786</td> </tr> <tr> <td>V/D</td> <td>Andy Newman</td> <td>1626 DownLake Drive</td> <td>Windermere, Florida 34786</td> </tr> <tr> <td>T/D</td> <td>David Ontko</td> <td>1704 DownLake Drive</td> <td>Windermere, Florida 34786</td> </tr> <tr> <td>S/D</td> <td>Teresa Aken</td> <td>10350 Down Lakeview Circle</td> <td>Windermere, Florida 34786</td> </tr> <tr> <td>D</td> <td>Kim Dodd</td> <td>10342 Down Lakeview Circle</td> <td>Windermere, Florida 34786</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	P/D	Joe Alarie	10435 Down Lakeview Circle	Windermere, Florida 34786	V/D	Andy Newman	1626 DownLake Drive	Windermere, Florida 34786	T/D	David Ontko	1704 DownLake Drive	Windermere, Florida 34786	S/D	Teresa Aken	10350 Down Lakeview Circle	Windermere, Florida 34786	D	Kim Dodd	10342 Down Lakeview Circle	Windermere, Florida 34786				
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		5-31-07 407-656-8879 Date Daytime Phone #																													

FILED
07 JUN - 7 AM 8:53
FLORIDA STATE
TALLAHASSEE, FLORIDA
100104255431
06/12/07--01013--008 ***367.50

REINSTATEMENT **05-07**

4. Date Incorporated or Qualified To Do Business in Florida 07-27-82	
5. FEIN Number 592719715	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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.