PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATI			5	DEPART Secretary SION OF C	y of S				FILE 07 AUG 13 f		
DOCUMENT # 765256 1. Corporation Name									PELA NOTE, PLORIDA			
Deer Run Homeowners Association #8A, Inc.												
1517 Southwind Court 151					Mailing Office Address 517 Southwind Court				REINSTATEMENT 84-07			
Suite, Apt. #, etc. Suite, Apt. #,					etc.				orated or Qualified ness in Florida	10/1/1982		
City & State - Casselberry, FL Cas					selberry, FL				36-4612765 Applied For Not Applicable			
3270	707 US			32707		US	try		6. CERTIFICATE OF STATUS DESIRED \$		\$8.75 Additional Fe	
7. Name and Address of Current Registered Agent												
Richard E. Larsen, Esq.									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.			
Street Address (P.O. Box Number is Not Acceptable) 55 East Pine Street												
Suite, Apt. #, Etc.												
Örlan	ndo			State 32801				iee be	waived.			
8. I, being appointed the registered age 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								<u> </u>	Date 7/30/07			
9. Names	s and Street A	ddresses	of Each Officer an	d/or Director (Flo	orida nonpro	fit corpo	orations must list a	t lea	st 3 directors)			
Titles	Name of Officers and/or Directors				Street Address of Each Officer and/or Director					City / State / Zip		
Р	Gregory d. Bogumil				1517 Southwind Court				ourt	Casselberry, FL 32707		
D	Sherry A. Mc Elwee				1479 Southwind Drive				ive	Casselberry, FL 32707		
D	Rhonda L. Rayser				1483 Southwind Drive				ive	Casselberry, FL 32707		
D	Rusty	imore	237 Antler Court					Casselberry, FL 32707				
	Malu					0871				707-01050-007 **1645.00		
	0,01,1											
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 TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #												