

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED
 AND
 FILED

97 JUL 30 PM 1:18

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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APPLICATION
 FOR
 REINSTATEMENT

DOCUMENT # 771107

1. Corporation Name
 LA VIVA HOMEOWNERS ASSN

Principal Place of Business

Mailing Address

BRANDON, FL.

097-11283

REINSTATEMENT 95-99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	William Gebo	709 DORADO CT.	BRANDON, FL. 33511
V/D	Jerry Gomm	718 Loma Linda Ct.	" " "
S/D	DORIS S. SCATES	716 DORADO CT.	" " "
T/D	John Heffernon	710 Loma Linda Ct.	" " "

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name William H. Gebo		
Street Address (P.O. Box Number is Not Acceptable) 709 DORADO CT.		
Suite, Apt. #, Etc.		
City BRANDON	State FL	Zip Code 33511

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent W.H. Gebo Date 7/8/97
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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.

SIGNATURE: W.H. Gebo WILLIAM H. Gebo 7/8/97 (813) 681-1254
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)