


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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| CORPORATION<br>REINSTATEMENT  |                                      |  FLORIDA DEPARTMENT OF STATE<br>Secretary of State<br>DIVISION OF CORPORATIONS |                                    |
|---|--------------------------------------|---|------------------------------------|
| DOCUMENT # <i>M89290</i>  |                                      |   |                                    |
| 1. Corporation Name<br><br>Belmont Trace Association, Inc.  |                                      |   |                                    |
| 2. Principal Office Address<br>1519 Belmont Trace<br><br>Suite, Apt. #, etc.  |                                      | 3. Mailing Office Address<br>1519 Belmont Trace<br><br>Suite, Apt. #, etc.  |                                    |
| City & State<br>Tallahassee, FL   |                                      | City & State<br>Tallahassee, FL   |                                    |
| Zip<br>32301  | Country                              | Zip<br>32301  | Country                            |
| 4. Date Incorporated or Qualified<br>To Do Business in Florida 07/12/1988   |                                      | 5. FEI Number<br>591264670  |                                    |
| 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>  |                                      | Applied For<br>Not Applicable   |                                    |
| 7. Name and Address of Current Registered Agent   |                                      |   |                                    |
| Name<br>THOMPSON, SUSAN   |                                      |   |                                    |
| Street Address (P.O. Box Number is Not Acceptable)<br><del>1630 METROPOLITAN BOULEVARD</del> 3520 THOMASVILLE ROAD  |                                      |   |                                    |
| Suite, Apt. #, Etc.<br>4th Floor  |                                      |   |                                    |
| City<br>TALLAHASSEE   |                                      | State<br>FL   | Zip Code<br><del>32308</del> 32309 |
| 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<br>Registered Agent <i>Susan S. Thompson</i>   |                                      | Date <i>6-22-06</i>   |                                    |
| 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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director   | City / State / Zip                 |
| P   | David Mitchell                       | 1558 Belmont Trace  | Tallahassee, FL 32301              |
| V   | Vickie Wooldridge                    | 1501 Belmont Trace  | Tallahassee, FL 32301              |
| T   | Cathy Moloney                        | 1519 Belmont Trace  | Tallahassee, FL 32301              |
|   |                                      |   |                                    |
|   |                                      |   |                                    |
|   |                                      |   |                                    |
| 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: <i>David S. Mitchell</i>   |                                      | DAVID S. MITCHELL   |                                    |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                                      | Date  | Daytime Phone #                    |
|   |                                      | 6-21-06   | 858-222-0156                       |

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REINSTATEMENT 01-06

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# Belmont Trace Homeowners Association

David Mitchell, President • 1558 Belmont Trace • Tallahassee, Florida 32301  
850-222-0156 • dsmitchell1@yahoo.com

July 1, 2006

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee FL 32314

Re: Waiver of Reinstatement Fee

This is to affirm that our homeowners association had not received the annual report notice(s) in the year of our association's dissolution (2001), and we wish to receive a waiver of the \$600 reinstatement fee. We have included a check for \$900 to cover the cost of our annual report and corporate supplemental fees from 2001 to the present.

David Mitchell  
BTHA President