APPLICATION FLORIDA DEPAR	ONS BEFORE COMPLETING THIS FORM. RITMENT OF STATE ine Harris
REINISTATEMENT 300	conponations
DOCUMENT # N 00314 1. Corporation Name	99 FEB 19 PM 1: 18
DUNWOODIE PLACE OWNERS ASSOC	SEORE MARY UN STATE TALLAHASSEE, FLORIDA
	TRM ASSO, INC CLUB BC+120A
	FL 32779
If above addresses are incorrect in any way, line through incorrect information at 2. New Principal Office Address, If Applicable 3. New Mailing Office Address.	the state of the s
4315 DUNWOOLE BLVD 357 HUNT Suite, Apt. #, etc. Suite, Apt. #, etc. # 303 A	4. Date Incorporated or Qualified To Do Business in Florida 11/8/1983 5. FEI Number Applied For
CIVE LANCO, FL CONGWAS	FC 59-3180340 Not Applicable
^{Zig} 33802	Country CERTIFICATE OF STATUS DESIRED 58.73 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofination) Title(s) PRES DONALD J. FRASER DIR	Street Address of Each Officer and/or Director ONOT Use Post Office Box Numbers) 4 City / State / Zip
SEC	E COLUNIAL DR. CRLANDO, FC 32803
DIR MICHAEL A. NOCERCO SOGE CELONAL DR ORGANDO FG 32803	
	-02/23/3901085011 ****551.25
8. Name and Address of Current Registered Agent DUNACD J. FRASER	9. Name and Address of New Registered Agent Name TWA ALL TERASTER
506 E COLUNIAL DRIVE	Street Actives (P.O. Box Number on Not Acceptable) Suite, Apt. #. Etc
ORUANDO FC 32803	CIME UNUSCO 1 State ZTB Coop 80 3
10. 1, being appointed the registered agent of the above named corporation, am fa	amiliar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent X Sould / Fraser Pagestered Agent Must sign Date 0-18-99	
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes \(\sum \text{No \(\text{X}\)}\) No \(\text{X}\)	
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: X Possell J. J. Marie SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFI DOWN ST. FRASTE	Date Daytime Phone #