

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																													
DOCUMENT #		NO1000003129																													
1. Corporation Name <i>MOUNT DORA 2010, INC.</i>																															
2. Principal Office Address 408 NORTH TREMAIN ST. <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address 408 NORTH TREMAIN ST. <small>Suite, Apt. #, etc.</small>																													
<small>City & State</small> MOUNT DORA, FL <small>Zip 32757 Country USA</small>		<small>City & State</small> MOUNT DORA, FL <small>Zip 32757 Country USA</small>																													
REINSTATEMENT 03-05																															
CR2E081 (8/05)																															
4. Date Incorporated or Qualified To Do Business in Florida 04/30/2001																															
5. FEI Number <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																															
7. Name and Address of Current Registered Agent <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Name</td> <td colspan="3"><i>A. L. BURR, MSP</i></td> </tr> <tr> <td>Street Address (P.O. Box Number is Not Acceptable)</td> <td colspan="3"><i>408 NORTH TREMAIN ST.</i></td> </tr> <tr> <td>Suite, Apt. #, Etc.</td> <td colspan="3"><i>900060019619</i> <i>03/28/05-01004-003-**367-50</i></td> </tr> <tr> <td>City</td> <td><i>MOUNT DORA, FL</i></td> <td><small>State</small></td> <td><i>FL</i></td> </tr> <tr> <td></td> <td></td> <td><small>Zip Code</small></td> <td><i>32757</i></td> </tr> </table>				Name	<i>A. L. BURR, MSP</i>			Street Address (P.O. Box Number is Not Acceptable)	<i>408 NORTH TREMAIN ST.</i>			Suite, Apt. #, Etc.	<i>900060019619</i> <i>03/28/05-01004-003-**367-50</i>			City	<i>MOUNT DORA, FL</i>	<small>State</small>	<i>FL</i>			<small>Zip Code</small>	<i>32757</i>								
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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.																															
<small>Signature of Registered Agent</small> <i>A. L. Burr</i>		<small>Date</small> <i>9/26/2005</i>																													
<small>REGISTERED AGENT MUST SIGN</small>																															
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 30%;">Name of Officers and/or Directors</th> <th style="width: 40%;">Street Address of Each Officer and/or Director</th> <th style="width: 20%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>P</td> <td><i>Robert Howard</i></td> <td><i>2017 Hillside St</i></td> <td><i>MOUNT DORA, FL 32757</i></td> </tr> <tr> <td>VP</td> <td><i>Dale Lind</i></td> <td><i>250 Brookfield</i></td> <td><i>MOUNT DORA, FL 32757</i></td> </tr> <tr> <td>S</td> <td><i>Andrea Burr</i></td> <td><i>204 E. 9th Ave, #</i></td> <td><i>MOUNT DORA, FL 32757</i></td> </tr> <tr> <td>T</td> <td><i>Betty Hensinger</i></td> <td><i>600 North Donnelly St</i></td> <td><i>MOUNT DORA, FL 32757</i></td> </tr> <tr> <td></td> <td></td> <td></td> <td></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	<i>Robert Howard</i>	<i>2017 Hillside St</i>	<i>MOUNT DORA, FL 32757</i>	VP	<i>Dale Lind</i>	<i>250 Brookfield</i>	<i>MOUNT DORA, FL 32757</i>	S	<i>Andrea Burr</i>	<i>204 E. 9th Ave, #</i>	<i>MOUNT DORA, FL 32757</i>	T	<i>Betty Hensinger</i>	<i>600 North Donnelly St</i>	<i>MOUNT DORA, FL 32757</i>								
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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 under section 119.07(3)(l), 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>Robert Howard</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>9/26/05 352-455-6047</i> <small>Daytime Phone #</small>																													