PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			FILED SECRETARY OF STATE DIVISION OF CORPORATIONS	
DOCUMENT # NOIOVOVO 86 47  1. Corporation Name:						04 AUG 17 AM 8: 00	
Iver Lane Homes Resident						20 04	
2. Principal Office	e Address	<u>''</u>	3. Mailing Office Addre		PERSTATEMENT 12-04		
Suite, Apt. #, etc. 460			Suite, Apt. #, etc.  City & State			5/15/62 96039 019 x 6/12  4. Date Incorporated or Qualified To Do Business in Florida	
Office of the contract of the			Orlando Fla.		5. FEI Numb	5. FEI Number	
<sup>Zip</sup> 32811	32811 USA		21°30811	country At	6. CERTIFICAT	E OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name							
Street Address (P.O. Box Number is Not Acceptable)  4520 Edge mos v S4  Suite, Apt. #, Etc.  City ORIando,  State Zip Code FL 328//  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.							
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 Registered Agent Dovris Lanc Stallworth  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 Officers and/or Directors				Street Address of Ea Officer and/or Direc		City / State / Zip	
mesident Dorris-Lane Stallwoorth 4520 Fdgemoorst DRIgndu, Fl. 32811							
V.P. Sect 7	en sel	est Car	ter 44	35 Edgem	30× 6+.	Drlando, 71. 32811	
						00040685295 1/04-01022006 **122.50	
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 filling 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Day(Imp Phone * 9.94.7)							

## ORLANDO HOUSING AUTHORITY

June 9, 2004

Department of State
Division of Corporations
UBR Report Filing
P. O. Box 1500
Tallahassee, Florida 32302-1500

To Whom It May Concern:

Ro: NO1000008647

Ivey Lane Resident Association, Inc.

Enclosed is a check in the amount of One Hundred Twenty-two Dollars and fifty cents (\$122.50) for the re-instatement of the Ivey Lane Homes Resident Association for years 2003 and 2004.

Ms. Doris Lane-Stallworth, President of Ivey Lane Homes informed our office that she has not received any correspondence on the Ivey Lane Homes Incorporation status and as a result did not renew and we are therefore requesting that their status be re-instated for years 2003 and 2004.

Doris Lane-Stallworth, President

Ivey Lane Homes

Rose Marie Campbell

Assistant Family Services Director

**Orlando Housing Authority**