

JAN-30-2004 FRI 02:04 PM

FAX NO.

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305-4761519 SOUTHSTAR


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863 P.O.

FILED CORPORATION  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JAN 30 PM 4:40

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> N02000008322					
1. Corporation Name <b>THE PROMENADES PROPERTY OWNERS' ASSOCIATION, INC.</b>					
2. Principal Office Address <b>2100 S HIAWASSEE RD</b>			3. Mailing Office Address <b>2100 S HIAWASSEE RD</b>		
State, Apt. #, etc.			State, Apt. #, etc.		
City & State <b>ORLANDO, FL</b>			City & State <b>ORLANDO, FL</b>		
Zip <b>32835</b>	Country <b>USA</b>	Zip <b>32835</b>	Country <b>USA</b>	4. Date Incorporated or Qualified To Do Business in Florida	
				5. FIM Number <b>Applied For</b>	
				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agents

Name  
**BSC CORPORATE SERVICES OF CENTRAL FLORIDA**

Street Address (P.O. Box Number is Not Acceptable)  
**390 N ORANGE AVE STE 1100**


State, Apt. #, Etc.

City  
**ORLANDO**

State  
**FL**

Zip Code  
**32801**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.


Signature of Registered Agent  **Janice Myers, Vice Pres** Date **1/27/04**

REGISTERED AGENT MUST SIGN

9. Name and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
DP	WOODBURY, KIMBALL D.	2100 S HIAWASSEE RD	ORLANDO, FL 32835
DV	RUTHERFORD, J. LARRY	2100 S HIAWASSEE RD	ORLANDO, FL 32835
DST	FUGHE, T. ANDREW	2100 S HIAWASSEE RD	ORLANDO, FL 32835

10. I certify that I am an officer or director or the receiver or trustee appointed 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 116.07(5)(c), 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:  **KIMBALL D. WOODBURY** Date **1-27-04** Office Phone # **(305) 476-1515**

SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

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Florida Department of State  
Division of Corporations  
Public Access System

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**CORPORATION REINSTATEMENT**

**THE PROMENADES PROPERTY OWNERS' ASSOCIATION, INC.**

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