PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	,				Ī	1 12	-	
REINSTATEMENT (REDUCED)			RTMENT Orry of State	:	07 MAR - 1 AM 11:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
DOCUMENT # W04000007148 1. Corporation Name						QUAHASSER 00091 16/07010		
Winder Oaks Homeowner's Association, Inc. REIN								**237.50 96-07 P
			Oakland Avenue		CR2E081 (1/07)			
Suite, Apt. #, etc. Suite B Suite Apt. #.						orated or Qualified tess in Florida	07/21	/2004
Oakland, FL City & State Oakland, FL			and, FL		20-2616953 Applied For Not Applicable			
34787	7-3068 ÜSA	^{Zip} 34787-3068	USA		6. CERTIFICATE	OF STATUS DESIR	\$8.75 Ac	dditional Fee required Certificate of Status
	7. Name and Address of	ent	···					
Jeffrey G. Schnellmann					The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not			
409 E. Poakland Avenue								
Suite B					received and requesting the reinstatement			
Öakl			fee be waived. State 34787-3068					
8. I, being appointed the resistered every 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 REGISTERED AGENT MUST SIGN Date Pebruary 28, 2								, 2007
9. Names and Sylet Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at lea								
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director				City / State / Z	ĺp
D,V	Robert E. Wheel	er 409 I	409 E. Oakland Avenue, Ste. E			Oakland	d, FL 34	787-3068
D,P	Jeffrey G. Schnel	lmann 409 i	409 E. Oakland Avenue, St			Oakland	d, FL 34	787-3068
D,ST	Jeff Bott	409 [409 E. Oakland Avenue, St			Oakland	d, FL 34	787-3068
							<u></u>	
					900091016369 03/06/0701026032 **8.75			
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.								
SIGNA		Jeffrey INTED NAME OF SIGNING O		nnellma ECTOR	nn Fet	oruary 28, 2	007 407-	