

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

03 JUL -7 AM 8:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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07/10/03--01064--002 \*\*236.25

**REINSTATEMENT** 02-03

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <u>204651</u>			
<b>1. Corporation Name</b> Loch Lomond Estates, INC. 500 New York Ave., #11 Dunedin, FL 34698			
<b>2. Principal Office Address</b> 4174 Woodlands Pkwy Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 4174 Woodlands Pkwy. Suite, Apt. #, etc.	
City & State Palm Harbor, FL		City & State Palm Harbor, FL	
Zip 34685	Country U.S.	Zip 34685	Country U.S.

<b>4. Date Incorporated or Qualified To Do Business in Florida</b>	
<b>5. FEI Number</b> 592624349	Applied For <input type="checkbox"/> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>	
\$8.75 Additional Fee required for a Certificate of Status	

<b>7. Name and Address of Current Registered Agent</b>			
Name James M. Nolan, First Choice Association Mgmt. Inc.			
Street Address (P.O. Box Number is Not Acceptable) 4174 Woodlands Parkway			
Suite, Apt. #, Etc.			
City Palm Harbor,	State FL	Zip Code 34685	

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: James M. Nolan Date: 6/30/03

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 Each Officer and/or Director	City / State / Zip
P	Frank Pagni	500 New York Ave. #11	Dunedin, FL 34698
VP	Joseph Santos	500 New York Ave. #36	Dunedin, FL 34698
S/T	Mary Bridgett <del>Blark</del>	500 New York Ave. #25	Dunedin, FL 34698

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)(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: Frank Pagni Date: 5-29-03  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 727-738-1060

CR2E081 (10/02)

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