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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	RPORATI STATEM	(2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	FLORIDA DEPART Secretary DIVISION OF CO	of State		FILED 08 FEB 27 AM		
1. Corpora	tion Name	# N0500000550		ociation, Inc.		SECRETARY OF TALLAHASSEE, F	TORIOZ	
16405 W. Colonial Drive P.O.			3. Mailing Office Address P.O. Box 126 Suite, Apt. #, etc.	Box 120188		REINSTATEMENTO		
City & State Oakland, Florida Zip Country 34787 USA		City & State Clermont, Florida Zip Country 34712-0188 USA		5 Date intolpriated or cidalited To Do Business in Florida 5/25/05 5. FEI Number 20-5339487 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED X \$8.75 Additional Fee required for a Certificate of Status				
Street Add	5 W. Col		of Current Registered Ager	State Zip Code 34787	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 received and requesting the reinstatement fee be waived.			
Signature o Registered	of Agent	Orinda	Strawbrid EGISTERED AGENT MUST	JSIGN		on 607.0505 or 617.0503, F.:	5.	
Titles	nes and Street Addresses of Each Officer and/or Director (FI Name of Officers and/or Directors			orida nonprofit corporations must list at least 3 dire Street Address of Each Officer and/or Director		City / St	ate / Zip	
PVD	Drinda	a Strawbridge	16405	16405 W. Colonial Dr		Oakland, FL 3	34787	
STD D	Debra Linda	Scott Peavey		16405 W. Colonial Dr		Oakland, FL 3	34787 347875	
					02/27	0801023002	**192.50	
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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 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

202128

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Arrowtree Overlook Property Owners Association, Inc.

Physical: 16405 W. Colonial Drive, Oakland, FL 34787 Mailing: P.O. Box 120188, Clermont, FL 34712-0188 Phone (407)654-8675 Fax (407)654-8860

February 25, 2008

Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RE: Corporation Reinstatement

To Whom It May Concern:

Enclosed please find a completed corporation reinstatement form for Arrowtree Overlook Property Owners Association, Inc. You will notice that we are asking that the reinstatement fee be waived, as we did not receive any annual report filing notices, and it has just come to our attention that our corporation was administratively dissolved due to non-filing of these reports.

Also attached is a check made payable to Florida Department of State in the amount of \$192.50 (\$61.25 annual report filing fee for 2006, 2007 and 2008 along with \$8.75 for one certificate of status).

Once our reinstatement application has been processed, please mail back our certificate of status in the pre-addressed, pre-paid FedEx envelope provided. Should you have any questions, please contact me at the phone number above.

Sincerely,

Debra Scott, Treasurer

Arrowtree Overlook Property Owners Association, Inc.