
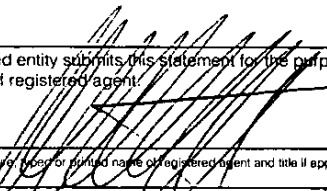
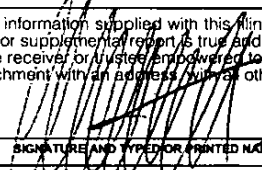


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000009958 1. Entity Name FRUITLAND ESTATES HOME OWNERS ASSOCIATION INC.						06 OCT 23 10:15	
Principal Place of Business P.O. BOX 568712 ORLANDO, FL 32856				Mailing Address P.O. BOX 568712 ORLANDO, FL 32856			
2. Principal Place of Business 3348 Edgewater Drive Suite, Apt. #, etc.				3. Mailing Address 3348 Edgewater Drive Suite, Apt. #, etc.			
City & State Orlando, Florida				City & State Orlando, Florida			
Zip 32804		Country USA		Zip 32804		Country USA	
4. FEI Number						<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>						\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENDERSON, IVEY V 4739 SOUTH ORANGE AVE. ORLANDO, FL 32806				7. Name and Address of New Registered Agent Name Ronald N. Schwartz Street Address (P.O. Box Number is Not Acceptable) 3348 Edgewater Drive City Orlando FL Zip Code 32804			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE  <small>Signature of person or persons named as registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> RONALD N. Schwartz, President </div> <div style="width: 20%; text-align: right;"> 10/19/06 <small>DATE</small> </div> </div>							
FILE NOW!!! FEE IS \$236.25 After January 1, 2007, Fee will be \$297.50				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HENDERSON, IVEY V P.O. BOX 568712 ORLANDO, FL 32856 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S Ronald N. Schwartz 3348 Edgewater Drive Orlando, FL 32804 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T C. Lawrence Schuler 3348 Edgewater Drive Orlando, FL 32804 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> 900081116939 10/23/06--01042--003 **236.25 </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, but not other like empowered.							
SIGNATURE:  RONALD N. Schwartz 10/19/06 407-422-8191 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							