


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 08 OCT -8 PH 3:29 SECRETARY OF STATE TALLAHASSEE, FLORIDA 300136743353 10/08/08--01026--004 **297.50 REINSTATEMENT 07-08 CR2E081 (10/08)	
DOCUMENT # <u>N06000008907</u>				
1. Corporation Name <u>Maitland Isle Homeowners Association, Inc.</u>				
2. Principal Office Address - No P.O. Box # <u>170 Shell Point W.</u> <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address <u>170 Shell Point W.</u> <small>Suite, Apt. #, etc.</small>		
City & State <u>Maitland, FL</u> <small>Zip</small> <u>32751</u> <small>Country</small> <u>USA.</u>		City & State <u>Maitland, FL</u> <small>Zip</small> <u>32751</u> <small>Country</small> <u>U.S.A.</u>		
4. Date Incorporated or Qualified To Do Business in Florida <u>August 22, 2006</u>		5. FEI Number <u>41-2212717</u> <input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status				
7. Name and Address of Current Registered Agent				
Name <u>Allen, Brad</u>				
Street Address (P.O. Box Number is Not Acceptable) <u>160 Shell Point West</u>				
Suite, Apt. #, Etc.				
City <u>Maitland</u>		State <u>FL</u>	Zip Code <u>32751</u>	
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 <u>Brad Allen</u>		Date <u>10/5/08</u>		
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	
<u>P,D</u>	<u>Allen, Brad</u>	<u>160 Shell Point W.</u>	<u>Maitland, FL 32751</u>	
<u>T,D</u>	<u>Ramee, Anne</u>	<u>170 Shell Point W.</u>	<u>Maitland, FL 32751</u>	
<u>S,D</u>	<u>McFarlane, Christine</u>	<u>100 Shell Point W.</u>	<u>Maitland, FL 32751</u>	
<u>D</u>	<u>Arckey, Ray</u>	<u>150 Shell Point W.</u>	<u>Maitland, FL 32751</u>	
<u>D</u>	<u>Perez, Lyn</u>	<u>210 Shell Point W.</u>	<u>Maitland, FL 32751</u>	
<u>D</u>	<u>St. Clair, Steve</u>	<u>180 Shell Point W.</u>	<u>Maitland, FL 32751</u>	
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.				
SIGNATURE: <u>[Signature]</u>		Date <u>5 Oct 08</u> Daytime Phone # <u>4079756518</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				

10/8/08