PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 APR 25 AM 12:22

DOCUMENT # N06000010107

1. Corporation Name
Serena Point Condominium Assoc.

000154885803 0
03/29/11--01012--007 **35.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6972 Lake Gloria Blvd	6972 Lake Gloria Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 34769 Country: USA	Zip: 34769 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 9-26-06

5. FEI Number: 20-8346022 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: LELAND MANAGEMENT, INC.

Street Address (P.O. Box Number is Not Acceptable): 6972 Lake Gloria Blvd.

Suite, Apt. #, Etc.: Orlando, Florida 32809-3200

City | State: FL | Zip Code

000198930310
04/13/11--01002--006 **201.25

REINSTATEMENT

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: [signature] Date: 4/5/11

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
PD	Gail Danisavage	1809 1st Street #501	Jacksonville, FL 32250
VPD	Kelley Hammond	1809 1st St. #501	Jacksonville FL 32250
TSD	Kenneth Filip	1809 1st St. #702	Jacksonville Bch, FL 32250

10. E-mail Address: cwmiddleton@lelandmanagement.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [signature] 4/28/11

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

4/25/11