

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N06972**

1. Corporation Name
WATERMILL HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business P. O. BOX 1086 GOLDENROD FL 32733	Mailing Address P. O. BOX 1086 GOLDENROD FL 32733
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

FILED
99 NOV -4 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 09

4. Date Incorporated or Qualified To Do Business in Florida **01/04/1985 SP**

5. FEI Number **NOT APPLICABLE**

6. CERTIFICATE OF STATUS DESIRED \$8.75 Addition of Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	DAVIS, SUSAN	4777 CONSDALE CIR	ORLANDO FL 32817
TD	BLINN, STEVEN C	4936 LAKE SHARP DRIVE	ORLANDO FL 32817
SD	CHIPOK, PAUL	4785 LONSDALE CIR	ORLANDO FL 32817
VPD	VELLA, ROBERT	9148 LAKE BUNKETT DRIVE	ORLANDO FL 32817
T	LUIS E. D'JESUS	4713 BRIDGEWATER DR	ORLANDO, FL 32817
D	AL SINES	9333 WHITTINGHAM DR	ORLANDO, FL 32817

8. Name and Address of Current Registered Agent BLINN, STEVEN C 4936 LAKE SHARP DR. ORLANDO FL 32817	9. Name and Address of New Registered Agent Name: LUIS E. D'JESUS Street Address (P.O. Box Number is Not Acceptable): 4713 BRIDGEWATER DR Suite, Apt. #, Etc.: # City: ORLANDO State: FL Zip Code: 32817
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *[Signature]* REGISTERED AGENT MUST SIGN

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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., 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: *[Signature]* **LUIS E. D'JESUS** 11/01/99 407-244-7243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **TREASURER** Date Daytime Phone #