Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : SENTRY MANAGEMENT INC.
Account Number : I20040000028
Phone : (407)788-6700, X225
Fax Number : (407)788-7488

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Information@sentrymgt.com

CORPORATION REINSTATEMENT
CARLYLE RESIDENCES SOUTH AT CELEBRATION CONDOMINIUM

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	~~$661.25~~ → $236.25

Please adjust Sunbiz account to reflect the correct amount

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 JUN 28 PM 3:07

KS

DOCUMENT # N07000011344

1. Corporation Name
CARLYLE RESIDENCES SOUTH AT CELEBRATION CONDOMINIUM ASSOCIATION, INC.

REINSTATEMENT 2010

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2180 WEST S.R. 434	2180 WEST S.R. 434
Suite, Apt. #, etc.: SUITE 5000	Suite, Apt. #, etc.: SUITE 5000
City & State: LONGWOOD, FL	City & State: LONGWOOD, FL
Zip: 32779 Country: USA	Zip: 32779 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: ~~11/26/2007~~

5. FEI Number: 261571417 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: JAMES W. HART, JR.

Street Address (P.O. Box Number is Not Acceptable): SENTRY MANAGEMENT INC

Suite, Apt. #, Etc.: 2180 WEST S.R. 434, SUITE 5000

City: LONGWOOD State: FL Zip Code: 32779

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: _____ Date: 6/28/10
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	DAN CAHILL	630 CAMPUS ST #306	CELEBRATION FL/34747
TSD	WALT HERSCHER	630 CAMPUS ST #201	CELEBRATION FL/34747

10. E-mail Address: INFORMATION@SENTRYMGT.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., 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.

SIGNATURE: D A CAHILL as President 6/28/2010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #