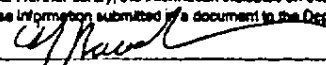


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		2024 OCT 22 AM 11:41 FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FL 700488897807 10/22/24--01009--019 **175.00																													
DOCUMENT # N07000011344																																	
1. Corporation Name CARLYLE RESIDENCES SOUTH AT CELEBRATION CONDOMINIUM ASSOCIATION, INC.																																	
2. Principal Office Address - No P.O. Box # 323 Circle Drive Suite, Apt. #, etc.		3. Mailing Office Address 323 Circle Drive Suite, Apt. #, etc.		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 1175 Additional Fee Required For a Certificate of Status																													
City & State Maitland, FL		City & State Maitland, FL																															
Zip 32751	Country USA	Zip 32751	Country USA																														
7. Name and Address of Current Registered Agent Name VISTA COMMUNITY ASSOCIATION MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 323 Circle Drive Suite, Apt. #, Etc. City Maitland State FL Zip Code 32751																																	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0606 or 617.0503, F.S. Signature of Registered Agent  Date 09/18/2024 REGISTERED AGENT MUST SIGN																																	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Titles</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>P</td> <td>Carl Rausch</td> <td>323 Circle Drive</td> <td>Maitland, FL 32751</td> </tr> <tr> <td>VP</td> <td>Marco Meccia</td> <td>323 Circle Drive</td> <td>Maitland, FL 32751</td> </tr> <tr> <td>S</td> <td>Smithy Sipes</td> <td>323 Circle Drive</td> <td>Maitland, FL 32751</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	P	Carl Rausch	323 Circle Drive	Maitland, FL 32751	VP	Marco Meccia	323 Circle Drive	Maitland, FL 32751	S	Smithy Sipes	323 Circle Drive	Maitland, FL 32751												
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10. E-mail Address: invoices@vistacarnfl.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. 617.155, F.S. SIGNATURE: Carl Rausch  Date 10/01/2024 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																	

OCT 23 2024

M. WILLIAMS