PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION STATEMENT			DEPART ecretary	of S	tate	ΓE			FIL 08 SEP -3		D: 5 5		
DOCUMENT # N08271 1. Corporation Name Braden Woods Phase V Homeown Inc.					er's Association,				λ.)	SECRETAR: TALLAHASSE	U: 51 E, FLC	ATE PRIDA		
2. Principal Office Address - No P.O. Box # 3. Mailing Of				59TH AVE.CIR.E.			4. Date Incorporated or Qualified							
City & State Bradenton, F1 Zip Country 34202 Manatee			City & State Braden Zip 3420		Count	59 ntry 6.			FEI Number 250653					
7. Name and Address of Current Regist Name Susan A. Orth Street Address (P.O. Box Number is Not Acceptable) 9015 59th Ave. Cir. E. Suite, Apt. # Etc. City Bradenton					State Zip Code FL 34202				The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.					
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 Agents REGISTERED AGENT MUST SIGN Date 08/23/2008											_			
		rida nonprofit corporations must list at lea Street Address of Each									\dashv			
Titles	Name of Officers and/or Directors			Officer and/or Directo			ractor	·		City / State / Zip				
P/D	Bernard T. Orth			9015 59th Ave. C			C1	. 1 - 1	- E	radenton,	F1 3	34202		
V/D	B. Margaret Hutches			6312 91st. St. E.				Bradenton, Fl 34202						
s/D	Anne C. Bean			9015 60th Ave. E				Bradenton, Fl 34202						
Т/D	Deborah A.	t 5902 91st St. E				Ξ.	В	radenton,	Fl 3	34202				
D	Daniel J.	9007 61st Ave. Dr						Bradenton,						
								0	0978276	-0000-00	134: **2	3 245.00		

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 filling 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:

Bernard T. Orth 08/21/2008 941-727-4790
SERATURE AND TYPED OR PRINTED MARKE OF SIGNAND OFFICER OR DIRECTOR Date Daylins Phone #