

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

03 SEP 24 PH-2:24

DOCUMENT #

1. Corporation Name

N13325 MAGNOLIA PARK of GAINESVILLE HOMEOWNERS ASSOCIATION, INC.

2. Principal Office Address

4232 N.W. 6 STREET

Suite, Apt. #, etc.

A-1

City & State

GAINESVILLE, FLORIDA

Zip

32609

Country

ATLANTA

3. Mailing Office Address

4232 NW 6 ST.

Suite, Apt. #, etc.

A-1

City & State

GAINESVILLE, FLORIDA

Zip

32609

Country

ATLANTA

4. Date Incorporated or Qualified To Do Business in Florida

1984

5. FEI Number

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

JOHN F. STORMAN

Street Address (P.O. Box Number is Not Acceptable)

4232 NW 6 STREET

Suite, Apt. #, Etc.

A-1

City

ATLANTA

State

FL

Zip Code

32609

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]

REGISTERED AGENT MUST SIGN

Date

9/8/03

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
Pres	John F. Storman	4232 NW 6 ST Suite A-1	GAINESVILLE FL 32609
Treas	Daniel J. Chalmers	4232 NW 6 ST Suite A-1	GAINESVILLE FL 32609

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 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)(j), 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]

John F. Storman

Date

9/9/03

Daytime Phone #

(352) 376-6886

9/25 ad