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 06 JAN -3 PM 3: 0	/(1	
DOCUMENT # N/3430 1. Corporation Name Flamings Ville II Home cowners Asso. Inc 2. Principal Office Address PAU 3. Mailing Office Address PAU 3. Mailing Office Address		
3/3 Flam 1 mg 0 N CNE Same CR2E081 (8/05)	20.00	
Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida		
City & State Lk. PLacid, F1 SANT 5. FEI Number 59-2950480	Applied For	
Zip Country Zip Country 6.	ditional Fee required ertificate of Status	
7. Name and Address of Current Registered Agent		
Street Address (P.O. Box Number is Not Acceptable) 373 Flamingo Rd NE BULLESST4755 Suite, Apt. #, Etc. City Lake Placid State Zip Code FL 3385-2		
8. It, 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		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		
Titles Name of Street Address of Each Officers and/or Directors Officer and/or Director		
Pres Dennie Tuttle 373 Flamingo RdNE LK, Pacid	f. 33852	
VP Tom Sorrells, 377 FlamingoRd N= 4x Placide	7 33852	
Sec recently Deceased 383 Flamings RINE LA Placed	_/ ₹%5 ≥	
Trea. Gail Tuffle 373 Flanning Rd NE LK Placid Fr	7.33852	
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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

Flamingo Villa II Homeowners Association, Inc 373 Flamingo Road, N.E. Lake Placid, Fl 33852 December 28, 2005

Dear Sir or Madam:

Following the election of officers in which I became Treasurer of the above named organization, we no longer received the annual renewal forms from the Division of Corporations. I feel that the address change might not have been made. However, we neglected to file for the years 2003, 2004, and 2005 since I had nothing to remind me to do so. Upon realizing this oversight, I contacted the Division and am enclosing our reinstatement form with a check for these three years.

I, humbly ask that you waive the late fee as I did not receive the necessary forms.

Enclosed please find a check for \$183.75 to cover the corporation fees for the past three years.

Sincerely,
Land D. Juttle

Gail Tuttle Treasurer

Flamingo Villa II HOA

113430