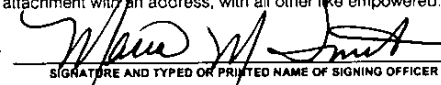


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
07 OCT 18 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N16879					
1. Entity Name LE MARIAS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1812-1848 W. THARPE ST. TALLAHASSEE, FL 32303 US			Mailing Address P.O. BOX 3352 TALLAHASSEE, FL 32315 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-6201905	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SMITH, MARIA 1836 C W THARPE STREET TALLAHASSEE, FL 32303			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	VINE, NANCY		NAME		
STREET ADDRESS	PO BOX 345		STREET ADDRESS		
CITY - ST - ZIP	CALVARY, GA 31729		CITY - ST - ZIP		
TITLE	V	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ROSE, JAMIE		NAME		
STREET ADDRESS	1836-B W. THARPE ST		STREET ADDRESS		
CITY - ST - ZIP	TALLAHASSEE, FL 32303		CITY - ST - ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SMITH, MARIA		NAME		
STREET ADDRESS	1836-C W. THARPE ST.		STREET ADDRESS		
CITY - ST - ZIP	TALLAHASSEE, FL 32303		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date: 10-18-07 Daytime Phone #: 513-3937		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



10182007 REIN-NP CR2E099 (1/07)

4. FEI Number
59-6201905

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**SMITH, MARIA
1836 C W THARPE STREET
TALLAHASSEE, FL 32303**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$61.25
After January 1, 2008, Fee will be \$122.50**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	VINE, NANCY	
STREET ADDRESS	PO BOX 345	
CITY - ST - ZIP	CALVARY, GA 31729	
TITLE	V	☐ Delete
NAME	ROSE, JAMIE	
STREET ADDRESS	1836-B W. THARPE ST	
CITY - ST - ZIP	TALLAHASSEE, FL 32303	
TITLE	S	☐ Delete
NAME	SMITH, MARIA	
STREET ADDRESS	1836-C W. THARPE ST.	
CITY - ST - ZIP	TALLAHASSEE, FL 32303	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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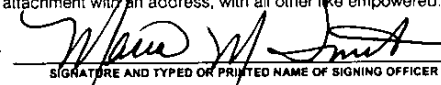
REINSTATEMENT

Rel 10-07

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
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TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**900111244108
10/24/07--01003--006 **10.00**

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **10-18-07** Daytime Phone #: **513-3937**