APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 FEB 19 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N30202

1. Corporation Name
THE TREETOPS AT NORTH FORTY ONTARIO CONDOMINIUM ASSOCIATION, INC

Principal Place of Business / Mailing Address
TREETOPS AT NORTH FORTY Condominium PHASE I (ONTARIO)
7805 ONTARIO CIRCLE SARASOTA, FL. 34243
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc. N/A
City & State
Zip / Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: JAN 17, 1989

5. FEI Number: [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [ ]

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
SEC/TREAS	GEORGE BISCHOFF	7816 ONTARIO CIRCLE	SARASOTA, 34243
PRES	WILLIAM CLARK	7805 ONTARIO CIRCLE	SARASOTA, 34243
DIR	TONY SCARAMUZZINO	7810 ONTARIO CIRCLE	SARASOTA, 34243

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02/21/97 01000 007
****420.00 ****420.00

2/20/97
REINSTATEMENT 04-177

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent
Name: Property & Accounting Management Inc
Street Address (P.O. Box Number is Not Acceptable): 2055 WOOD STREET SUITE 202
Suite, Apt. #, Etc.: P.O. BOX 6165
City: SARASOTA State: FL Zip Code: 34237

10. I, being appointed the Registered Agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent: Edna M Beard, AGENT
REGISTERED AGENT MUST SIGN
Date: 2-10-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [X]
(See other side for information on intangible tax.)

12. 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.

WILLIAM CLARK JR.
SIGNATURE: William L Clark Jr. 2-7-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #