PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **CORPORATION** Secretary of State REINSTATEMENT 07 MAY 18 PM 2:59 **DIVISION OF CORPORATIONS** ECRETARY OF STATE LLAHASSEE, FLORIDA DOCUMENT# N33888 1. Corporation Name STRATFORD GREW HOMEOWNERS ASSOCIATION OF LAKELAND, INC. 90090 040 6635 2. Principal Office Address - No P.O. Box# 3. Mailing Office Address 838 STRATE 838 STRATFORD drive CR2E081 (1/07) Suite, Apt. #, etc. Suite, Apt. #, etc. Date Incorporated or Qualified To Do Business in Florida City & State AKELAND FL. Applied For 956 996 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 The reinstatement fee is imposed, except in McCARTNEY circumstances which the entity did not receive the prior notices. By checking this box, you STRATFord are certifying the prior notices were not Suite, Apt. #. Etc. received and requesting the reinstatement fee be waived. 500103933745 06/05/07--01062--002 **12 Zip Code 33 8 / 3 State AKeLAnd **122.50 pred agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of City / State / Zip Officers and/or Directors PD 868 STRATFORD dr. STEVE , FL 33813 Vick White STRAT-Ford dr. VPD TD STRAT Ford dr. 838 814 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 examption 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Stratford Green Homeowners Assoc. 838 Stratford Dr Lakeland FL 33813-4701

May 10, 2007

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL. 32314

Ref. Reinstatement of Assoc. Lakeland, FL 33813

Dear Sir,

It has recently been brought to our attention that the Stratford Green Homeowners Assoc. of Lakeland has been placed on an inactive list. In reviewing the information available on line, (see attached) it notes that the dissolution occurred 9/16/2005. Our records indicate that the annual fee was paid to the State, in March of 2005 (check # 1502 dated 3-8-05) (copy attached). We are requesting you review the matter, to properly credit the funds paid to our account.

We never received a notice for the 2006 or 2007 required payment. We are enclosing a check in the amount of \$ 122.50 to cover the Annual Report Fee for 2006 and 2007. (check # 1578). Further enclosed is a completed Corporate Reinstatement form (if required).

Please provide written documentation that this matter has been corrected and our Assoc. has been reinstated to proper standing.

We thank you in advance for your attention to this matter. If there are any questions please feel free to contact me at (863.802.2766) office number; or in the evening (after 7 PM) at (863) 648.2415.

Sincerely,

C. Greg McCartney, Treasurer

Chy Markey