

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 JUL 24 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 035014

1. Corporation Name

Springtree Isles Homeowners
Association, Inc

2. Principal Office Address

8438 NW 34th Mnr

Suite, Apt. #, etc.

3. Mailing Office Address

8438 NW 34th Mnr

Suite, Apt. #, etc.

City & State

Surprise FL

City & State

Surprise FL

Zip

33351

Country

Zip

33351

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/2/89

5. FEI Number

65-0190994

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

Additional Fee Required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Melanie Bishop

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

8438 NW 34th Mnr

Suite, Apt. #, Etc.

City

Surprise

State
FL

Zip Code
33351

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

M Bishop

REGISTERED AGENT MUST SIGN

Date

4/4/06

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
PD	Melanie Bishop	8438 NW 34th Mnr	Surprise FL 33351
VD	Connie Horsch	8408 NW 34th Mnr	Surprise FL 33351
STD	Bakery Roberson	8408 NW 34th Mnr	Surprise FL 33351
800078223748 08/01/06--01039--010 **\$65.00			

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 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:

M Bishop

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/4/06 954821858)

Daytime Phone #