PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC -8 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

300024387183
11/03/03--01088--014 **175.00

DOCUMENT # N39864

1. Corporation Name

MANORS OF NOTTINGHAM HOMEOWNERS' ASSOCIATION OF POLK COUNTY, INC.

Principal Place of Business	Mailing Address
P.O. Box 91474 ~~1581 KINSMAN WAY~~ ~~LAKELAND FL 33809~~ LAKELAND FL 33804	PO BOX 91474 LAKELAND FL 33804

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

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

4. Date Incorporated or Qualified To Do Business in Florida: 09/06/1990

5. FEI Number: ~~59-3054506~~ ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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	4 City / State / Zip
PD	~~VOLLMAR, WILLIAM~~ LESTER, ANDREW	~~1753 DIAMOND WALK~~ 8231 SHORT WAY	LAKELAND FL 33809
VPD	~~GRIFFIN, CAROL~~ HYDE, DENISE	~~P.O. BOX 92206~~	LAKELAND FL 33804
SD	~~JONES, ALLISON~~ MCGEE, LEE ANNE	~~1648 GAMEWELL TRAIL~~ 1733 KINSMAN WAY	LAKELAND FL 33809
TD	~~DAVIS, EVELYN~~	1535 KINGSMAN WAY	LAKELAND FL 33809
CCD	~~BIVENS, ANTHONY~~	1694 KINGSMAN WAY	LAKELAND FL 33809
		300024387183 12/08/03--01085--001 **61.25	

8. Name and Address of Current Registered Agent

~~VOLLMAR, WILLIAM~~ LESTER, ANDREW
~~1753 DIAMOND WALK~~ 8231 Short Way
~~LAKELAND FL 33809~~ Lakeland, FL 33809

9. Name and Address of New Registered Agent

Name: Andrew Lester
Street Address (P.O. Box Number is Not Acceptable): 8231 Short Way
Suite, Apt. #, Etc.:
City: Lakeland State: FL Zip Code: 33809

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date: 10/20/03

11. 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] LeeAnne McGee - Secretary 10/30/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #