

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 APR 27 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N40322

1. Corporation Name

ALADDIN PROPERTY OWNERS ASSOCIATION, INC

2. Principal Office Address - No P.O. Box #
5013 SE SCHOONER OAKS WAY

3. Mailing Office Address
5013 SE SCHOONER OAKS WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
STUART, FLORIDA

City & State
STUART, FLORIDA

Zip
34997

Country
USA

Zip
34997

Country
USA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 10-09-1990

5. FEI Number
650328337

Applied For
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

Name
DENICE BUCKNER

Street Address (P.O. Box Number is Not Acceptable)
4985 SE SCHOONER OAKS WAY

Suite, Apt. #, Etc.

City
STUART, FLORIDA

State
FL

Zip Code
34997

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Denice Buckner

Date 4-26-07

REGISTERED AGENT MUST SIGN

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	DENICE BUCKNER	4985 SE SCHOONER OAKS WAY	STUART, FLORIDA 34997
VD	SPENCER	4930 SE SCHOONER OAKS WAY	STUART, FLORIDA 34997
DTS	CAROLINE A JULIAN	5013 SE SCHOONER OAKS WAY	STUART, FLORIDA 34997

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05/21/07-01022-000 3420.00

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: Denice Buckner

4-26-07

772 223 7110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #