

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

APPLICATION FOR REINSTATEMENT

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



FILED

04 JAN 23 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N43864

1. Corporation Name

AMBERGLEN PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
MATTHEW JOHNSON 3601 AMBER LANE LAKELAND FL 33813 US	3610 AMBER LANE LAKELAND FL 33813 US

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

2. New Principal Office Address, If Applicable JACQUELINE NETTLES Suite, Apt. #, etc. 3617 AMBER LANE City & State LAKELAND, FLA Zip 33813 Country USA	3. New Mailing Office Address, If Applicable 3617 AMBER LANE Suite, Apt. #, etc. 3617 AMBER LANE City & State LAKELAND, FLA Zip 33813 Country USA
---	--



REINSTATEMENT

03-04

4. Date Incorporated or Qualified To Do Business in Florida 06/10/1991	5. FEI Number 59-3110759	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	JOHNSON, MATHEW	3610 AMBER LANE	LAKELAND FL 33813
TD	PRIDE, SANDRA J	3601 AMBER LANE	LAKELAND FL
VD	NETTLES, JAMES	3617 AMBER LAKE	LAKELAND FL 33813
P	NETTLES, JACQUELINE	3617 Amber Lane	Lakeland FI 33813
V	RAHN, SHAWN	3610 Amber Lane	Lakeland FI 33813
T	EARL, DAISY	3642 Amber Lane	Lakeland FI 33813

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROUSE, FRANK J ESQ
680 EAST MAIN STREET
BARTOW FL 33830

Name	
Street Address (P.O. Box Number is Not Acceptable)	200027524322
Suite, Apt. #, Etc.	01/23/04--01060--006 **122.50
City	200027524322
State	FL
Zip Code	01/23/04--01060--006 **122.50

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

Jacqueline Nettles
SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date

1/16/04

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:

Jacqueline J Nettles
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/04 **863.688-1128**
x 34009

CR2E040 (7/03)

AMBERGLEN HOMEOWNERS ASSOCIATION

January 19, 2004

Dear Florida Department of State,

The renewal information was being sent to 3610 Amber Lane and was not forwarded to me. Unfortunately, prior to receiving the information, I was unaware that it was something handled by the previous President. I contacted your office and was told that due to the situation, the reinstatement fee would be waived. I have included a payment of \$122.50 to cover the Annual Report Fee for 2003 and 2004 and a separate check for \$8.75 to obtain an updated certificate of status.

Please send all correspondence to:

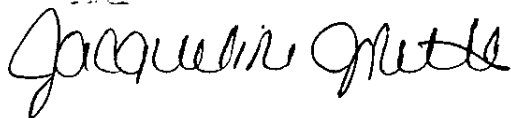
Jacqueline J Nettles

3617 Amber Lane

Lakeland, FL 33813

Please contact me at 863-701-9387 with any questions. Thank you in advance for your help in resolving this matter!

Sincerely,



Jolynn Nettles