

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JUL 20 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NS1341 (8)

1. Corporation Name
WALLOWAY ESTATES AT SNAPPER CREEK
HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
WALLOWAY ESTATES H.O.A. C/O PROFESSIONAL MGMT, INC. 9095 SW 87 AVE, SUITE #777 MIAMI, FL. 33176	WALLOWAY ESTATES H.O.A. C/O PROFESSIONAL MANAGEMENT, INC. 9095 SW 87 AVE, SUITE #777 MIAMI, FL. 33176

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

2. New Principal Office Address, If Applicable WALLOWAY ESTATES H.O.A. Suite, Apt. #, etc. 9095 SW 87 AVE. #777 City & State MIAMI, FL Zip 33176 Country USA	3. New Mailing Office Address, If Applicable 9095 SW 87 AVE. Suite, Apt. #, etc. #777 City & State MIAMI, FL Zip 33176 Country USA	4. Date Incorporated or Qualified To Do Business in Florida 10/16/1992	5. FEI Number 65-0470187 Applied For Not Applicable
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City & State
P/D	BILL IMHOF	8197 SW 84TH TER.	MIAMI, FL. 33143
V/D	DR. ROY GREENBERG	8198 SW 84TH TER	MIAMI, FL. 33143
S/D	GLORIA COMAS	8367 SW 85TH TER	MIAMI, FL. 33143
T/D	ZAYDA HERNANDEZ	8303 SW 85TH TER.	MIAMI, FL. 33143
D/D	INDRU JETHANI	8349 SW 84TH TER	MIAMI, FL. 33143

REINSTATEMENT 97-98 SC 7-23-98

8. Name and Address of Current Registered Agent DARRACH, DONALD M MCNB BLDG., PENTHOUSE 2 9350 S. DIXIE HIGHWAY MIAMI, FL. 33156	9. Name and Address of New Registered Agent Name MR. BILL IMHOF Street Address (P.O. Box Number is Not Acceptable) 8197 SW 84TH TER. Suite, Apt. #, Etc. City MIAMI State FL Zip Code 33143
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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.

Signature of Registered Agent: *[Signature]* REGISTERED AGENT MUST SIGN Date: 7/7/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

800002600258-6
-07/28/98-01039-006
175.00

12. 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]* Bill Imhof, President of the Board
Date: 7/7/98 Daytime Phone #: 305-270-0870

CR2E040 (1/98)