PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham 'FOR' Secretary of State REINSTATEMENT FILED DIVISION OF CORPORATIONS DOCUMENT # N 97 FEB 17 AM 10: 26 JEURETAILY OF STATE TALLAHASSEE, FLORIDA The Bella Vista Homeowners' Association of Lake County, Inc. Principal Place of Business Mailing Address 10043 Bridgeview Drive (same) Howey-in-the-Hills, FL 34737 ATEMENT(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 Date Incorporated or Qualified To Do Business in Florida 2/5/93 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 1512 City & State City & State Not Applicable Zip \$6.75 Additional Fee required Country Country CERTIFICATE OF STATUS DESIRED for a Certificate of Stabe 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip Title(s) and/or Directors Pres. Conrad Coen 10043 Bridgeview Drive Howey-in-the-Hills, FL & Dir. 3<u>473</u>7 V.P. & Howey-in-the-Hills, FL Marvin Reeves 26612 Bella Vista Blvd. 34737 Dir. Treas. Pat Reeves Howey-in-the-Hills, FL 26612 Bella Vista Blvd. & Dir. 34737 Sec∵& Howey-in-the-Hills, FL Bob Furnas 26609 Bella Vista Blvd. Dir. Sec. & Terri Coen 10043 Bridgeview Drive Howey-in-the-Hills, FL Dir. 34737 Howey-in-the-Hills, 34737 Dir. 10019 Bridgeview Drive K.K. Chung 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Conrad Coen
Street Address (P.O. Box Number is Not Acceptable) 10043 Bridgeview Drive Suite, Apt. #, Etc. Zip Code 34737 Howey-in-the-Hills, 1/6. 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 MUST SIGN Registered Agent Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) No X Dept. of Revenue under S. 199.032, Florida Statutes. Yes L 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 filling 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.

SIGNING OFFICER OR DIRECTOR

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham 'FOR' Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # 1. Corporation Name The Bella Vista Homeowners' Association of Lake County, Inc. Principal Place of Business Mailing Address 10043 Bridgeview Drive (Same) Howey-in-the-Hills, FL 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 Date Incorporated or Qualified
 To Do Business in Florida 2/5/93 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State Not Applicable \$8.75. Additional Fer required Zip Country Zip Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip Title(s) and/or Directors Dir. 10031 Bridgeview Drive Howey-in-the-Hills, FL Yong Ho Choe <u>34</u>737 B. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. State Zip Code 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 Date REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) No X Dept. of Revenue under S. 199.032, Florida Statutes. Yes L 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.

Date

Daytime Phone #

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR