


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1092

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # N93000002516</b>			
<b>1. Corporation Name</b> <b>McNEIL WOODS HOMEOWNERS ASSOC., INC.</b> <b>DOC # N93000002516</b>			
<b>2. Principal Office Address</b>		<b>3. Mailing Office Address</b>	
Suite, Apt. #, etc.		425 CURRY CT.	
City & State		ALTAMONTE SPRINGS, FL.	
Zip	Country	Zip	Country
		32714	U.S.A.

FILED

04 MAR 11 PM 1:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

03-04

<b>4. Date Incorporated or Qualified To Do Business in Florida</b>	
5/20/93	
<b>5. FEI Number</b>	<b>Applied For</b>
593260927	Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>		
Name <b>MINDY GUIDO</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>1242 McNEIL WOODS PL.</b>		
Suite, Apt. #, Etc.		
City	State	Zip Code
ALTAMONTE SPRINGS	FL	32714

<b>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.</b>	
Signature of Registered Agent <b>Mindy Guido</b>	Date <b>3/2/04</b>
REGISTERED AGENT MUST SIGN	

<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
P	JAMES URBAN	425 CURRY CT.	ALTAMONTE SPRINGS, FL. 32714
V	JACK DUNCAN	1285 McNEIL WOODS PL.	ALTAMONTE SPRINGS, FL. 32714
T	MINDY GUIDO	1242 McNEIL WOODS PL.	ALTAMONTE SPRINGS, FL. 32714

**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 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.

<b>SIGNATURE:</b>	<b>JAMES E. URBAN</b>	<b>3/2/04</b>	<b>407-786-4226</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E081 (01/04)

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March 2, 2004

McNeil Woods HOA  
425 Curry Court  
Altamonte Springs, Fl. 32714

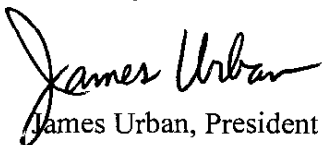
Subject: Nonprofit Corporation Reinstatement

To Whom It May Concern:

I am requesting reinstatement of our McNeil Woods Homeowners Association, Inc., nonprofit corporation that was administratively dissolved on 9/19/03 for failure to file a uniform business report for 2003. I have checked with all former members of the McNeil Woods HOA Board and no officer or director received any notice from your office in the mail to renew the 2003 Annual Report.

Please find a completed reinstatement application, the regular filing fees for 2003 and 2004 amounting to \$122.50 all together (\$61.25 for each year dissolved) and an additional \$8.75 fee for a Certificate of Status for a Total Payment of \$131.25. I am requesting a waiver of the \$175.00 reinstatement fee due to this lack of receipt of the 2003 renewal notice.

Sincerely,

  
James Urban, President  
McNeil Woods HOA  
Doc #N93000002516