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
97 JAN 13 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N93000004314

1. Corporation Name
StoneBridge Maintenance Assoc., Inc.

Principal Place of Business
4030 Dijon Drive
Orlando, Fla. 32808

Mailing Address

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-0471204 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	Ron Noble	617 Stonefield Loop	Heathrow, F. 32746
V.P.	Terry Pyle	680 Stonefield Loop	Heathrow, Fl. 32746
Treas.	Sylvester Johnson	657 Stonefield Loop	Heathrow, Fl. 32746
Sec/D	Mary Dale,	697 Stonefield Loop	Heathrow, Fl. 32746
Dr.	Diane Ludwig	1589 Rockdale Loop	Heathrow, Fl. 32746
Dr.	Von Moody	648 Stonefield	Heathrow, Fl. 32746

8. Name and Address of Current Registered Agent
Angelia Gordon Property Mtg.

9. Name and Address of New Registered Agent
Name: Angelia Gordon Property Management
Street Address (P.O. Box Number is Not Acceptable): 4030 Dijon Dr.
Suite, Apt. #, Etc.
City: Orlando, Fl. 32808 State: FL Zip Code

CR2E040 (12/95)

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 12/6/96

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*****35.00 ******35.00

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Angelia Gordon — Dcember 6, 1996 — 407-292-6468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #