

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 JUL 16 PM 2:59


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300106208363
07/16/07--01071--004 **192.50

300106208363
07/16/07--01071--003 **175.00

REINSTATEMENT 05-07

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001455

1. Corporation Name
Magnolia Pointe Subdivision
Homeowners Association Inc.

2. Principal Office
c/o
Suite, Apt. #, etc. Alliant Property Management, LLC
6719 Winkler Road, Suite 200
City & State Fort Myers, FL 33919

3. Mailing Office Address

Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 03/21/1994

5. FEI Number 650482004 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75-Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Street Address Alliant Property Management, LLC

Suite, Apt. 6719 Winkler Road, Suite 200

City Fort Myers, FL 33919

State FL Zip Code

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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.

Signature of Registered Agent Millie Strohm, Agent Millie Strohm Date 4-19-07

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Richard Brown	10050 Magnolia Pointe	Fort Myers, FL 33919
VP	Cresha Weglaz	12890 Magnolia Pointe	Fort Myers, FL 33919
T/S	Dr. IVAN MAZZORANA	12891 MAGNOLIA Pointe	FORT MYERS, FL 33919

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 contained in Chapter 119, 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] Date 4/30/07 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR