PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham FOR Secretary of State FILED REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # 98 NOV -4 PM 1: L5 1. Corporation Name LOOKOUT PLACE HOMEOWNER .ASSOCIATION, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2910 W. Lake Mary Blvd. P. O. Box 950370 000002684680--8 -11/10/98--01076--003 Lake Mary, FL 32746 Lake Mary, FL 32975 ****306.25 ****306.25 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 707 Del Webb Blvd. P. O. Box 5869 April 14, 1994 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State Applied for Sun Citv Center, Sun City enter \$8.75 Additional Fee required for a Certificate of Status 33573 33571 CERTIFICATE OF STATUS DESIRED X U.S.A. 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers and/or Directors Title(s) City / State / Zīp D Roxanne GERRY 129 Lookout Drive Apollo Beach, FL 33572 Mike WORLEY D 134 Lookout Drive Apollo Beach, FL 33572 D. Fernando NOLLASCO Apollo Beach, FL 33572 317 Lakeway Lane D Ronnie BENNETT 316 Lakeway Lane Apollo Beach, FL 33572 D Tim SMITH 143 Lookout Drive Apollo Beach, FL 33572 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Terrence F. PYLE Stephen BAKER Street Address (P.O. Box Number is Not Acceptable) 2910 W. Lake Mary Blvd. 707 Del Webb Blvd. West FL 33746 Lake Mary, Suite, Apt. #, Etc. State | Zip Code Sun CIty Center

10. I, being appointed the registered agent of the above named copolation, am familiar with and accept the obligations of Section 607.0505, F.S. 33573 Signature of Registered Agent REGISTERED AGENT MUST SIGN This corporation owes or has paid the current year (See other side for information on intangible tax.) No 🛛 Yes LJ Intangible Personal Property tax due June 30. 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. (813) 634-3361 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roxanne GERRY, Director

Application for Employer Identification Number (Fig. Faboury 1989) For use by samployers, correction, parterships, trusts, extrate, churchesing proverment agencies, certain individuals, and others. See instructions) I Name of applicant (legal name) (see instructions) I A Malling address (strent address) (from name on line 1) I Security Tustes, "care of name Sequence of the property				· .		t .			in the second	,	
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10 Date business started or acquired (month, day, year) (see instructions) April 14, 1994 12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonesident alien. (month, day, year). 13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0 (see Instructions). 14 Principal activity (see instructions). HOMEOWNETS ASSOCIATION. 15 Is the principal business activity manufacturing? 16 To whom are most of the products or services sold? Please check one box. Business (wholesale). □ Public (retail). □ Other (specify). Not to our knowledge. 170 If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. Legal name. Note: If "Yes," please complete lines 17b and 17c. Not to our knowledge. □ Approximate date when and city and state where the application was filed. Enter previous employer Identification number if known. Approximate date when filed (mo., day, year). City and state where filed. □ Under penalties of perjoy, I declare that I have examined this application, and to the best of my knowledge and bellef, it is true, correct, and complete. □ Business telephone number (include area code). (8 i 3) 6 3 4 - 3 3 6 1 Fax telephone number (include area code). (8 i 3) 6 3 4 - 3 3 6 1 Fax telephone number (include area code). Note: Do flot write below this line. For official use only. Please leave Geo. Ind. Class Size Research for applying.	•					a trust (specify type	e) 📐	(specify) ►' Took	over fro	
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Name and title (Please type or print clearly.) > Roxanne Gerry, Director (813) 634-4099. Signature > Avanua	Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Business telephone number (include area code)										
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