

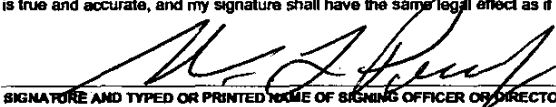


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>N94000002116</b>			
1. Corporation Name <b>THE HOMEOWNERS OF CITRUS POINTE, INC</b>			
2. Principal Office Address <b>4977 Hamlin Circle</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>4977 Hamlin Circle</b> Suite, Apt. #, etc.	
City & State <b>Mims FL</b>		City & State <b>Mims FL</b>	
Zip <b>32754</b>	Country <b>USA</b>	Zip <b>32754</b>	Country <b>USA</b>
4. Date Incorporated or Qualified To Do Business in Florida <b>4/27/1994</b>		5. FEI Number <b>593248624</b>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name <b>William L. Powell Jr</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>4977 Hamlin Circle</b>			
Suite, Apt. #, Etc.			
City <b>Mims</b>		State <b>FL</b>	Zip Code <b>32754</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.			
Signature of Registered Agent 		Date <b>8/17/05</b>	
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/D	William L. Powell Jr	4977 Hamlin Cir	Mims FL 32754
V/D	ALAN TONNE	4975 Hamlin Cir	Mims FL 32754
S/D	Toni D. Powell	4971 Hamlin Cir	Mims FL 32754
D	WENDY CARTER	4988 Hamlin Cir	Mims FL 32754
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.			
SIGNATURE: 		Date <b>8/17/05</b> Daytime Phone # <b>321-268-0404</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR25081 (01/05)