
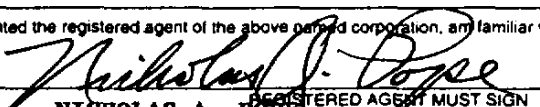
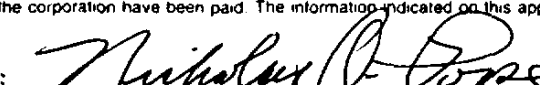


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 150px;"> FILED 99 MAY 10 AM 10:13 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div> <div style="font-size: 2em; font-weight: bold; margin-top: 20px;">REINSTATEMENT</div>	
DOCUMENT # N94000003303				DO NOT WRITE IN THIS SPACE	
1. Corporation Name KENTURY CITY PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 7575 Dr. Phillips Blvd. Orlando, Florida 32819		Mailing Address 7575 Dr. Phillips Blvd. Orlando, Florida 32819			
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 215 North Eola Drive Suite, Apt. #, etc. City & State Orlando, Florida Zip Country 32801 US		4. Date Incorporated or Qualified To Do Business in Florida 07/05/1994 5. FEI Number 59-3573318 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				Applied For Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
DP	THOMAS, J W	2637 Townsgate Road, Ste. 300	Westlake Village, CA 91361		
DV	TOUMAZOS, DIMITRI N.	7575 Dr. Phillips Blvd.	Orlando, FL 32819		
DST	POPE, NICHOLAS A.	215 North Eola Drive	Orlando, FL 32801		
				*****420.00 *****420.00	
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent	
				Name NICHOLAS A. POPE	
				Street Address (P.O. Box Number is Not Acceptable) 215 North Eola Drive	
				Suite, Apt. #, Etc.	
				City Orlando	State FL
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  NICHOLAS A. POPE		Date April 29, 1999			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (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: 		Date 4/29/99		Daytime Phone # 407-843-4600	

CR2E040 (12/95)