

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 MAR -3 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NA5000000221
1. Corporation Name
BRITTANY GARDENS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
2654 Ultra Vista Drive
Maitland, FL 32751 same

REINSTATEMENT 96-97

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

2. New Principal Office Address, If Applicable
see above

3. New Mailing Office Address, If Applicable
see above

Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
1/17/95

5. FEI Number 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)

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
P/D	Blair Tyrrell	488 Julian Lane	Maitland, FL 32751
VP/D	Karen Nylen	2680 Queen Mary Place	Maitland, FL 32751
T/D	Richard Bryant	2644 Queen Mary Place	Maitland, FL 32751
S/D	Joe Flagiello	2668 Queen Mary Place	Maitland, FL 32751

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8. Name and Address of Current Registered Agent
Robert Marks
200 East Robinson Street
Orlando, FL 32801

9. Name and Address of New Registered Agent
Name Paul Novak
Street Address (P.O. Box Number is Not Acceptable) 2654 Ultra Vista Drive
Suite, Apt. #, Etc.
City Maitland, State FL Zip Code 32751

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 *Paul Novak* x Paul Novak REGISTERED AGENT MUST SIGN Date 2-14-97

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 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: *Blair Tyrrell* Blair Tyrrell 2/20/97 444.7666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)