
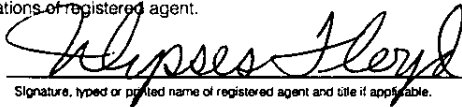
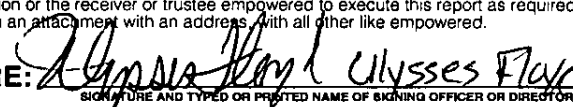


# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N95000002139</b> 1. Entity Name <b>LAKE MANN ESTATES HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>MOUNT OLIVE A.M.E. CHURCH ORLANDO, FL 32805</b>			Mailing Address <b>454 DOMINO DRIVE ORLANDO, FL 32805</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>Ulysses Floyd</b> Suite, Apt. #, etc. <b>454 Domino Drive</b> City & State <b>Orlando, FL</b> Zip <b>32805</b> Country <b>Orange</b>			
City & State		4. FEI Number <b>59-3458082</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ULYSSES, FLOYD 454 DOMINO DRIVE ORLANDO, FL 32805</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> <small>DATE</small> </div> </div>					
<b>FILE NOW!!! FEE IS \$236.25</b> <b>After January 1, 2007, Fee will be \$297.50</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>ULYSSES, FLOYD</b> <b>454 DOMINO DR</b> <b>ORLANDO, FL 32805</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>400082132704</b> <b>11/29/06--01011--012 **236.25</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DVP</b> <b>CRAIG, JERELD S</b> <b>392 DOMINO DR</b> <b>ORLANDO, FL 32805</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DS</b> <b>THOMAS, VIRGINIA</b> <b>112 DOMINO DR</b> <b>ORLANDO, FL 32805</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DS</b> <b>Sylvia McElroy</b> <b>3457 Domino Drive CT</b> <b>Orlando, FL 32805</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DT</b> <b>JONES, EMMA</b> <b>3359 WOLCOTT PL</b> <b>ORLANDO, FL 32805</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>REINSTATE</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
<b>SIGNATURE:</b>  <b>Ulysses Floyd</b> <span style="float: right;">11/27/06 (407) 295-3254</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA



10122006 REIN-NP CR2E099 (11/05)

M Williams NOV 29 2006