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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT	DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS		FILED 07 APR 23 PH 12: 59
DOCUMENT # N9500005836 1. Corporation Name		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
SUGAR RIDGE HOMEOWNERS ASSOCIATION, INC		100 100 100 100 100 100 100 100 100 100	0102644630 0701037009 **428.75
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address P.D. Box 911 Suite, Apt. #, etc. Suite, Apt. #, etc.		REINSTATEMENT 01-07	
City & State Bradenton FL Onec Zip Country 34208 USA 342	~,	6.	
7. Name and Address of Current Registered Agent Name Paul Deese		The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
Street Address (P.O. Box Number is Not Acceptable) 3415 30 Ln E Suite, Apt. #, Etc.			
Bradenton FL 8. I, being appointed the registered agent of the above named corpo			
Signature of Registered Agent Can Deck REGISTERED AGENT MUST SIGN			Date 4-17-07
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
DP Paul Deese	3415 30th LNE	6	Bradenton, FL 34208
DVP Susan Aultman	3418 30+L	nE B	radenton, FL 34208
DS Angela Hall	3406 30th	nE E	Bradenton, FL 34208
DT Annette Silva	37/2 315+ St	FE B	radenton, FL 34208
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 contained in Chapter 119, 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: While Half Signing officer or director Date Daytime Phone #			

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SUGAR RIDGE HOMEOWNERS ASSOCIATION P.O.BOX 911 ONECO, FLORIDA 34264

April 17, 2007

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Good Day,

Please be advised that the corporation held under the name 'Sugar Ridge Homeowners', P. O. Box 911, Oneco, FL, 34264-0911, which suffered administrative disillusionment on or about 9/21/2001 is hereby requesting reinstatement.

The executive committee of the Sugar Ridge Homeowners Association as noted below did not and has not received a notice to file an annual report. Effort is being made to restore the rights and privileges of the corporation to an active status.

Annual report fees have been computed as follows:
Annual Report Fee \$61.25 X 7 years = \$428.75
A check for that amount is enclosed with this mailing.

Thank you for your assistance with the Sugar Ridge Homeowners account.

Sincerely,

Paul Deese

President

Sugar Ridge Homeowners Association Executive Committee

Paul Deese, President; 3415 30th Lane East

Susan Aultman, Vice-President; 3418 30th Lane East

Annette Silva, Treasurer; 3712 31st Street East Angela Hall, Secretary; 3406 30th Lane East