

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000001892

1. Corporation Name

Waterford Lakes Tract N-27 Neighborhood Association, Inc.

2. Principal Office Address

453 Mark Twain Blvd.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip
32828

Country
USA

3. Mailing Office Address

453 Mark Twain Blvd.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip
32828

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/02/1996

5. FEI Number

593444772

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Don Asher & Associates, Inc.

Street Address (P.O. Box Number is Not Acceptable)

1801 Cook Avenue

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code
32806

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

REGISTERED AGENT MUST SIGN

Date

4/6/06

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	Alfred Lopez	908 Rosinia Court	Orlando, FL 32828
V/D	Oscar Vargas	933 Rosinia Court	Orlando, FL 32828
T/S/D	Kimberly Samocki	14006 Lake Underhill Road	Orlando, FL 32828

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/19/05

Daytime Phone #

DON ASHER AND ASSOCIATES, INC.
REALTOR

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04/06/06

Re: Letter of Non-Receipt (Doc # N96000001892)

Dear Division of Corporations,

As required by reinstatement application, this letter is being written to state non-receipt of the annual report notice in order to waive the \$175.00 reinstatement fee. It is also understood that a payment of \$61.25 for every year including the year of dissolution is required for reinstatement. For the years 2004, 2005, and 2006, a total payment of \$183.75 will be provided with the reinstatement application.

Respectfully,

Don Asher & Associates, Inc.
Ofc-407-425-4561
Fax- 407-843-5169