

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC 13 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N96000002264*

1. Corporation Name
Stonegate at Windsor Homeowners Association, Inc.

2. Principal Office Address
444 West New England Avenue

3. Mailing Office Address
444 W. New England Ave

REINSTATEMENT *00*
03-30-00 9002M 002 \$70.00

Suite, Apt. #, etc.
B

Suite, Apt. #, etc.
B

4. Date Incorporated or Qualified
To Do Business in Florida *Nov. 21, 1995*

City & State
Winter Park, FLORIDA

City & State
Winter Park, FLORIDA

5. FEI Number
59-3528236

Zip
32789

Zip
32789

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
KEVIN M. DAVIS

Street Address (P.O. Box Number is Not Acceptable)
444 West New England Avenue, Suite B

Suite, Apt. #, Etc.
B

000003524150--4
-01/05/01--01004--002
****175.00 ****175.00

City
Winter Park

State
FL

Zip Code
32789

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
[Signature]

Date
10/31/00

REGISTERED AGENT MUST SIGN

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
<i>PO</i>	<i>DEVALE SIMON</i>	<i>2259 BLUE SAPPHIRE CIRCLE ORLANDO, FLORIDA 32837</i>	<i>ORLANDO, FLORIDA 32837</i>
<i>TPO</i>	<i>TANYA JOHNSON</i>	<i>2253 BLUE SAPPHIRE CIRCLE</i>	<i>ORLANDO, FLORIDA 32837</i>
<i>TO</i>	<i>BRUCE WORDEN</i>	<i>2425 SAPIER COURT</i>	<i>ORLANDO, FLORIDA 32837</i>
<i>D</i>	<i>JUDI WRIGHT</i>	<i>2256 BLUE SAPPHIRE CIRCLE</i>	<i>ORLANDO, FLORIDA 32837</i>
<i>D</i>	<i>KON WRIGHT</i>	<i>2256 BLUE SAPPHIRE CIRCLE</i>	<i>ORLANDO, FLORIDA 32837</i>

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 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
12/8/00

Daytime Phone #

CR2E081 (9/99)