

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

98 MAR 27 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000006527

1. Corporation Name
THE ESTATES LOT OWNERS ASSOCIATION, INC.

Principal Place of Business
6183 SABEL POINT CIRCLE
DAYTONA BEACH FL 32124
KAL RIVERSIDE DR
ORMOND BCH, FL 32176

Mailing Address
6183 SABEL POINT CIRCLE
DAYTONA BEACH FL 32124
P.O. Box 396
ORMOND BEACH FL 32176



REINSTATEMENT 97-98

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/23/1996	
City & State		City & State		5. FEI Number	
Zip		Country		59-3496950	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				Applied For	
				Not Applicable	
				\$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
VD ST	JOBALIA, DIPAK D	846 RIVERSIDE DRIVE	ORMOND BEACH FL 32176
PD	JOHNSON, JERRY SR	P.O. BOX 201338 3925 S. NOVA ROAD Suite 2	PORT ORANGE FL 32129 32127
STD	JOHNSON, JERRY JR	P.O. BOX 201338 DELETE.	PORT ORANGE FL 32129
VP D	Johnson Jerry Jr.	3925 S. NOVA ROAD Suite 2	Port Orange FL 32127
			000002475450--9
			-04/01/98 --01073--001
			****236.25 ****236.25

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
JOHNSON, JERRY SR 6183 SABEL POINT CIRCLE DAYTONA BEACH FL 32124		Name 000002475450--9	
3925 S. NOVA ROAD Suite 2 Port Orange FL 32127		Street Address (P.O. Box Number is Not Applicable) 3925 S. NOVA ROAD Suite 2 Port Orange FL 32127	
		Suite, Apt. #, Etc. ****61.25 ****61.25	
		City FL Zip Code	

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: *[Signature]* REGISTERED AGENT MUST SIGN Date: 2-27-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 2-27-98 Daytime Phone #: 904-673-9664

CR2E040 (8/97)