PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 AUG 18 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000006527

1. Corporation Name

The Estates Lot Owners Association, Inc

REINSTATEMENT

2. Principal Office Address	3. Mailing Office Address
205 Canova Dr.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New Smyrna Bch, FL	City & State
Zip: 32169 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/23/1996

5. FEI Number: 59-3496950 ☐ 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: Karla Baumann

200078983702
08/22/06--01019--002 **603.75

Street Address (P.O. Box Number is Not Acceptable): 205 Canova Drive

Suite, Apt. #, Etc.

City: New Smyrna Bch | State: FL | Zip Code: 32169

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: _____ Date: 8-14-06

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
P/D	Brad Boehmler	1959 South Creek	Daytona Bch, FL 32128
S/T/D	Gene Ledda	1978 South Creek	Daytona Bch, FL 32128
VP/D	Sal DeVincenzo	1930 South Creek	Daytona Bch FL 32128

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: Brad Boehmler 8/14/06 (386) 405-3312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell AUG 18 2006