


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
05 MAY 27 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N97000001160**

1. Corporation Name

*F. K. Mitchell Subdivision Homeowners
Association, Inc.*

600055413336
05/27/05--01051--002 **481.25

2. Principal Office Address

341 N. Maitland Ave

Suite, Apt. #, etc.

Suite 220

City & State

Maitland FL

Zip

32751

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FL

Zip

Country

REINSTATEMENT 01-05

4. Date Incorporated or Qualified
To Do Business in Florida

2/14/97

5. FEI Number

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

Stewart B. Mitchell

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

341 N. Maitland Ave.

Suite, Apt. #, Etc.

Suite 220

City

Maitland, FL 32751

State

FL

Zip Code

32751

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

X Stewart B. Mitchell

Date *5/13/05*

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>D</i> <i>P, VPS, T</i>	<i>Stewart B. Mitchell</i>	<i>see above</i>	<i>see above</i>
<i>D</i>	<i>Thomas D. Wright</i>	<i>340 N. Causeway</i>	<i>New Smyrna Bch, FL 32169</i>
<i>D</i>	<i>Donna Austin</i>	<i>340 N. Causeway</i>	<i>New Smyrna, FL 32169</i>
			<i>26/2</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: *X Stewart B. Mitchell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/05
Date

407
538-0020
Daytime Phone #

CR2E081 (01/05)