

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
Oct 23, 2001 8:00 A.M.
Secretary of State

CORPORATION REINSTATEMENT



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

DOCUMENT # N97000002516

1. Corporation Name
 CHERRYWOOD ESTATES HOMEOWNERS' ASSOCIATION, INC.

2. Principal Office Address 125 NE FIRST AVENUE STE. 111		3. Mailing Office Address 125 NE FIRST AVENUE STE. 111	
Suite, Apt. #, etc. SUITE 1		Suite, Apt. #, etc. SUITE 1	
City & State OCALA, FL		City & State OCALA, FL	
Zip 34470	Country USA	Zip 34470	Country USA

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 -10/30/01--01028--007
 *****8.75 *****8.75

REINSTATEMENT 01

4. Date Incorporated or Qualified To Do Business in Florida 5-1-1997

5. FEI Number 59-2714148 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
 TIM D. HAINES

Street Address (P.O. Box Number is Not Acceptable)
 125 NE FIRST AVENUE, SUITE 111


Suite, Apt. #, Etc.
 SUITE 1

City
 OCALA

State
 FL

Zip Code
 34470

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 10/17/01

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
D/P	DeLAURENTIS, ALBERT F.	6239 SW 98TH LOOP	OCALA, FL 34476
D/S	PILLADO, JOE	10031 SW 62ND COURT	OCALA, FL 34476
D/T	SPANGENBERG, WILLIAM	6178 SW 100TH LOOP	OCALA, FL 34476

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)(b), 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:  10/17/01 352-291-2700

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

CORPORATION (9/00)