

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
CLERK OF DISTRICT COURT
DIVISION OF CORPORATIONS
04 MAY -5 AM 7:20

DOCUMENT # N 970000004009

1. Corporation Name

Spring Harbor Homeowners
Association, Inc.

REINSTATEMENT 03-04

2. Principal Office Address

20 Frisco Court

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1025

Suite, Apt. #, etc.

City & State

Apopka, FL

Zip

32712

Country

Orange

City & State

Apopka, FL

Zip

32704-1025 Orange

Country

4. Date incorporated or Qualified
To Do Business in Florida

7-14-97

5. FES Number

59-3493840

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Randall L. Arnold

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

20 Frisco Court

Suite, Apt. #, Etc.

City

Apopka, FL

State

FL

Zip Code

32712

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]

REGISTERED AGENT MUST SIGN

Date

4-12-04

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
DP	Arnold, Randy	20 Frisco Court	Apopka, FL 32712
DV	Evans, Paul	1372 Honey Road	" " "
DT	Terrell, Thelma	1341 Honey Road	Apopka, FL 32712
DS	Diamadi, Joyce	1357 Honey Road	" " "
D	Schmidt, Gregory	2 Frisco Court	Apopka, FL 32712

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapters 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

4-12-04

Date

407-886-1967

Daytime Phone #

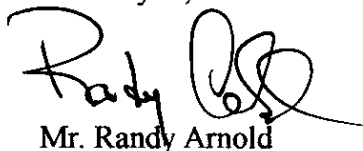
Per Tyrone Scott Send check in amount 122.50
+ 8.75 For certificate
131.25

Attn: FLORIDA DEPT. OF STATE.
Re. Reinstatement

Please accept our check #1046 in the amount of 131.25 for reinstatement. Spring harbor homeowners association, inc was never notified by the state about any dissolution. Have we been notified, we would have mailed the amount due on time. Per my conversation with your office on April 11, 2004. I talked to Mr. Tyrone Scott. He advised me to ask for any late charges to be voided., he also advised the amount to send..

If there are any questions when you receive this application. Please call Mr. Randy Arnold at 407-886-1967 the president or our homeowners assoc. Thank you in advance for cooperation in this matter. There was also an additional \$8.75 added for a certificate of status..

Thank you,

A handwritten signature in black ink, appearing to read "Randy Arnold", with a stylized flourish at the end.

Mr. Randy Arnold