T. Roberts FFR n 7 2006 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State REINSTATEMENT **DIVISION OF CORPORATIONS DOCUMENT #** 1. Corporation Name DEER LAKE DUNES OWNERS ASSOCIATION, INC. 2. Principal Office Address 3. Mailing Office Address 105 MARKET STREET Suite, Apt. #, etc. Suite, Apt. #, etc. **SUITE 306** Date Incorporated or Qualifled To Do Business in Florida 08/01/1997 City & State City & State 5. FEI Number 59-3527368 Applied For CARILLON BEACH, FL Not Applicable Country Country \$8.75 Additional Fee required 32314 **USA** CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Name and Address of Current Registered Agent Name aadic Street Address (P.O. Box Number is Not Acceptable Suite, Apt. #, Etc. Zip Code 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 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Titles City / State / Zip 105 Market St. Suite 340 500-HW-98-E SOLO Huy 9BE 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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/05