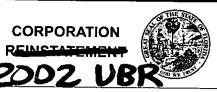
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT# N97000006551 1. Corporation Name

SHANGRI LA MOBILE HOME TENNANT ASSOCIATION, INC.

02 DEC 26 PM 2: 36

TALLAHASSEE, FLORIDA

| i | O Flemin | ress g Av. Lot 69C | 3. Mailing Off | | | | | 50 | 2009 | 045 | 375 | • | VIA |
|---|-------------------------------------|--|---|------------------------|---------------------|---------------------------------|------------------------------------|------------------------------------|----------------|-----------------|----------------|-----------|-------------------|
| Suite, Ap | t. #, etc. | | Suite, Apt. #, et | Suite, Apt. #, etc. | | | | <u> 11/18/02 01038 002 \$61.25</u> | | | | | |
| City & Sta | | Bch, Fl. 32174 | | City & State Same | | | | Not bear 1.1 | | | | | Applied For |
| Zip | | Country | Zip | | Country | | | 6. CERTIF | CATE OF STATE | JS DESIRED [| | | onal Fee required |
| | | A TOTAL CONTRACTOR OF THE PROPERTY OF THE PROP | 7. Nar | ne and Ad | dress of | Current I | Register | ed Agent | | | | | |
| | Name ROI | NALDO A. CALLI | ER | | | | * | | <u> </u> | · | | | |
| | 131 | dress (P.O. Box Number is | | | | | | | | | | | |
| | Suite, Apt. | | | | | | | | | | | | |
| | City Orn | nond Beach, | | | | | | | State | Zip Code 321 | | | 1 |
| | |) | above named corpora | tion am fa | miliar with | and acce | ept the ot | bligations of | section 607.0 | 505 or 617.0 | 503, F.S. | | |
| Signature Registered | of I Agent | onaldo | REGISTERED AGEN | CU IT MUST S | <u>lle</u> | 1 | | | Date | | 503, F.S. | | 22_ |
| Signature Registered | of I Agent | onaldo | REGISTERED AGEN | CU IT MUST S | SIGN t corporati | 1 | list at lea | | Date | 12 | | 8-0 | 2 2 |
| Signature Registered 9. Name Titles | of d Agent // s and Street Ar | ddresses of Each Officer | REGISTERED AGEN and/or Director (Floric | CU IT MUST S | Street Officer | ons must Address r and/or | list at lea of Each Director | | Date | 12 | ty / State | / Zip | |
| Signature Registered 9. Name Titles R/A/D | of d Agent // s and Street Ar | ddresses of Each Officer Name of Officers and/or Director O A. CALLIER | REGISTERED AGEN and/or Director (Floric | MUST S | Street Officer | ons must Address r and/or | list at lea of Each Director | | Date | / 2 | ty / State | / Zip | |
| Signature Registered 9. Name Titles R/A/D B/D | of Agent C | ddresses of Each Officer Name of Officers and/or Director O A. CALLIER ODFREY | REGISTERED AGEN and/or Director (Floric | MUST S da nonprofi | Street Officer | ons must Address r and/or g Av. | list at lead of Each Director | | Date ors) Ormo | / 2 | ty/State | /Zip 3217 | |
| Signature Registered 9. Name Titles R/A/D B/D B/D | s and Street Ad | ddresses of Each Officer Name of Officers and/or Director O A. CALLIER ODFREY Mills | REGISTERED AGEN and/or Director (Floric | IT MUST S da nonprofit | Street Officer | ons must Address r and/or g Av. | list at lead of Each Director C69 | | Ormo | / 2 Cand Bch | ty/State | /Zip 3217 | |
| Signature Registered 9. Name | s and Street And RONALD JACK GO | ddresses of Each Officer Name of Officers and/or Director O A. CALLIER ODFREY Mills HAYES | REGISTERED AGEN and/or Director (Floric | MUST S da nonprofi | Street Officer | ons must Address r and/or g Av. | list at lead of Each Director C69 | | Ormo | / 2 | ty/State , F1. | /Zip 3217 | |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

AFTER TALKING TO BARBAR ABOUT THE PROBLEMS OF NOT RECIEVING THE DUE FOR OUR CORP. IN THE PAST VEARS BECIEYING THE CANCELATIONS THE SURCHARGE - OF 175.00. AND NEITHER ONE OF US COULD COME UP WITH AN ANSWER. YOU SUGGESTED THAT THE SHOULD BE SENT IN AND THAT THE NOTICE WOULD BE SENT IN FROM JAN. JAN. THANKS FOR YOUR SPECIAL HELP. THE NOTICES SHOULD BE HAROLD HAYES 13/0 FLEMING AUE B 33. ORMOND BEACH FLORIDA 32174

December 30, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314
Attn: Kathy Ashton, Specialist
Ref: Letter # 602A00063910

Re: Shangri La Mobile Home Tennant Association, Inc. Ref. # N97000006551

Dear Kathy:

Enclosed please find a copy of the corrected form you requested. Please review and reconsider waiving the reinstatement fee due to the mix up of us not receiving the notice for yearly filing.

I appreciated any help you can give us.

Yours truly,

Ronaldo A. Callier Registered Agent 1310 Fleming Av. C69 Qrmond Beach, Fl. 32174