

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

DOCUMENT # N98000000535

1. Corporation Name
Bridge Water At Lake Pickett
Homeowners Association, Inc.

2. Principal Office Address
1633 E. Vine Street
Suite, Apt. #, etc.
Suite 110
City & State
Kissimmee, FL
Zip Country
34744 USA

3. Mailing Office Address
1633 E. Vine Street
Suite, Apt. #, etc.
Suite 110
City & State
Kissimmee, FL
Zip Country
34744 USA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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7. Name and Address of Current Registered Agent

Name
Sue Carpenter
Street Address (P.O. Box Number is Not Acceptable)
1633 E. Vine Street
Suite, Apt. #, Etc.
Suite 110
City
Kissimmee,
State Zip Code
FL 34744

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*******35.00 *****35.00**

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 *Sue Carpenter* Date 10-10-00
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
P/D	Sean Froelich	5401 Kirkman Rd., #525	Orlando, FL 32819
VP/D	Bill Wegner	5401 Kirkman Rd., #525	Orlando, FL 32819
T/D	William Moore	5401 Kirkman Rd., #525	Orlando, FL 32819

REINSTATEMENT 2000
NFS 10-20-2000

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: *William Moore* Date 10-10-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4071
846-0346
#20

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