| <u> </u>  | _ <del></del>                        | LEVOL VEVID                  | CICC (140)                        | 11001  | <u>10110</u> | <u>DEL OUE C</u>  |   | .,                                      |                |  |
|---|--------------------------------------|------------------------------|-----------------------------------|--|--------------|---|---|---|----------------|--|
|   | PĽIČATI<br>FOR                       |                              | FLORIC                            | FLORIDA DEPARTMEN<br>Katherine Har<br>Secretary of Sta |              |   |   | APPRÔVED.<br>AND<br>FILED:              |                |  |
| <u>}EIN</u>   | STATE                                | MENT ***                     |                                   | IVISION OF   | CORPOR       | RATIONS   | <u> </u>  | 00 1411 1 10 10                         | M 2. 2.C       |  |
| OCUMENT# <b>N9800003380</b>   |                                      |                              |                                   |  |              |   | 00 JAN 1 0 PM 3: 26   |   |                |  |
| Corporation Name EGENCY PLACE HOMEOWNERS' ASSOCIATION, INC.             |                                      |                              |                                   |  |              |   | SECRETARY OF STATE TALLAHASSEE, FLORIDA                                     |   |                |  |
|   | NOT PLA                              | ICE HOMEOWN                  | ieno Ao                           | SOCIA  | HOIN,        | IIVO.   |   | ( ) Thinks ( ) the second ?             |                |  |
| ncipal Place of Business Mailing Addre                                  |                                      |                              |                                   |  | ess          |   |   | (8 10)01 (8(2) 001)( 80)( 80)( 80)      |                |  |
| T W ROBINSON ST 111 W ROBI<br>RLANDO FL 32801 ORLANDO F                 |                                      |                              |                                   |  |              |   |   |   |                |  |
|   |                                      |                              |                                   | Mailing Office Address, If Applicable                  |              |   | Date Incorporated or Qualified     To Do Business in Florida     06/11/1998 |   |                |  |
| ite, Apt.   |                                      |                              | Suite, Apt. #, etc.  City & State |  |              | 5. FEI Numbe  |   | Applied For                             |                |  |
| ty & Stat   | <del></del>                          | Country                      | Zip Country                       |  |              | <u> </u>  | 6.  | D1070a                                  | Not Applicable |  |
| μ<br>   |                                      |                              | <u> </u>                          |  | <u> </u>     |   | <u> </u>  | E OF STATUS DESIRED [ : :               |                |  |
| Names   | and Street Add                       | dresses of Each Officer and  | or Director (Fl                   | orida nonpro   |              |   |   | <del>,</del>                            |                |  |
| Γitle(s)  | Name of Officers<br>and/or Directors |                              |                                   | Street Address of Each Officer and/or Director         |              |   |   | City 4                                  | / State / Zip  |  |
| סי  | JAMES M. HOFFORD, JE                 |                              |                                   | 111 W ROBINSON ST                                      |              |   | ORLANDO FL 32801  |   |                |  |
| /SD   | DEREK SUTTON                         |                              |                                   | 1121 GLENN GARRY CIR                                   |              |   | MAITLAND FL 32751   |   |                |  |
| DAN WILLETT   |                                      |                              |                                   | 111 W ROBINSON ST                                      |              |   |   | ORLANDO FL 32801                        |                |  |
|   |                                      |                              |                                   |  |              |   |   | ENE                                     | 1              |  |
|   |                                      |                              |                                   |  |              |   | 777   | REINSTATEMENT                           |                |  |
|   |                                      |                              |                                   |  |              |   |   |   |                |  |
|   | 8. Nam                               | e and Address of Current     | Registered Ag                     | jent<br>* ====   |              | -Name   | 9. Name and   | Address of New Register                 | ed Agent       |  |
| STEPHAN, REINHARD G.  |                                      |                              |                                   |  |              | HARKLEY THORNTON  Street Address (P.O. Box Number is Not Acceptable)  5695 BE66S RD . STE B-100 |   |   |                |  |
| STEPHAN, REINHARD G.<br>2699 LEE RD., STE 540<br>WINTER PARK, 71. 32789 |                                      |                              |                                   |  |              | Suite, Apt. #, Etc. 40003036704—2 -01/12/00—01035—088 City ****236 2566 2569236 25              |   |   |                |  |
| ). I bein   | a appointed the                      | e registered agent of the ab | ove named com                     | oration, am  | familiar w   | ORU   | NDO<br>obligations of Sec   | *************************************** | L[32818        |  |
| gnature d   | of $Z$                               | X Klan                       | Thou                              |  | <i></i>      | MRED  | -   | Date 1/-30 -                            | -99            |  |
| egistered   | 1 /YETH                              | 1441                         | <u>~</u>                          | <del></del>  | <del></del>  |   |   | - www                                   | <del></del>    |  |

Lecrtify 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 had on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

GNATURE:



REGISTERED AGENT MUST SIGN

1/30/99

407-423-3456

Daytime Phone #