PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 DEC -5 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/05/02--01047--006 **86.25

REINSTATEMENT 02

DOCUMENT # N98000005262

1. Corporation Name

ASHLEY COVE OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
25 E. 17TH ST. ST. CLOUD FL 34769	C/O WORLD OF HOMES 820 PALMWAY ST KISSIMMEE FL 34744

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/15/1998

5. FEI Number: 59-3535241 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DVS	GROSS, C. N. JR	25 E. 17TH ST.	ST. CLOUD FL 34769
DPT	GROSS, C. N. III	25 E. 17TH ST.	ST. CLOUD FL 34769
D	REESE, GLORIA	25 E. 17TH ST.	ST. CLOUD FL 34769

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8. Name and Address of Current Registered Agent

BRADLEY, RICHARD
1633 E VINE STREET
STE 207
KISSIMMEE FL 34744

9. Name and Address of New Registered Agent

Name: D&F Management LLC
Street Address (P.O. Box Number is Not Acceptable): 12 E Monument Ave
Suite, Apt. #, Etc.:
City: Kissimmee State: FL Zip Code: 34741

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: Richard Bradley Date: 10/22/02
REGISTERED AGENT MUST SIGN

11. 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: [illegible] 10/24/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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