

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JUN 28 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000000062

1. Corporation Name

Mount Vernon Villas Condominium
Association, Inc.

2. Principal Office Address

1411 Mt. Vernon St.

Suite, Apt. #, etc.

3. Mailing Office Address

1411 Mt. Vernon St.

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip

32803

Country

USA

Zip

32803

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/4/99

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

John T. Mabry

Street Address (P.O. Box Number is Not Acceptable)

1411 Mt. Vernon Street

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32803

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 20 JUNE 02

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
PD	John T. Mabry	1411 Mt. Vernon St. Orlando FL 32803	Orlando FL 32803
STD	Chandler Crownover	1409 Mt. Vernon St.	Orlando FL 32803
D	Melanie Crownover	1409 Mt. Vernon St.	Orlando FL 32803

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:

Chandler T. Crownover

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/16/02

Date

407-306-6422

Daytime Phone #

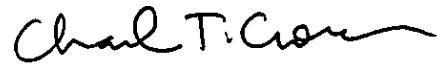
CR2E081 (9/01)

June 26, 2002

To Whom It May Concern:,

Attached is the reinstatement form for Mount Vernon Villas Condominium Association (N99000000062). We respectfully request a waiver of any penalties associated with the reinstatement. This association only has two units and over the last 2 years, we have not received any notification from the State or any other parties as to our filing requirements because the address on record is not current. We appreciate your consideration.

Sincerely,

A handwritten signature in cursive script, appearing to read "Chandler T. Crownover".

Chandler Crownover
1409 Mt. Vernon Place
Orlando, FL 32803