PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	RPORATION STATEMENT		Se	DEPARTMI ecretary of ION OF CORP	St			FILE 07 SEP 20	PM 2: 02
DOCUMENT # N9900000769 1. Corporation Name							GLORETARY OF STATE TAELAHASSEE, FLORIDA		
Prominent Pointe Homeowners Association, Inc.							D.P.	B & A due a macros y	
				. Mailing Office Address 7749 Champagne Drive			REINSTATEMENT 00-07		
Suite, Apt. i	· · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.			4. Date Incorporated or Qualified To Do Business in Florida 2/8/1999				
City & State Winte	er Garden,	City & State Winter Garden, Florida			5. FE! Number Applied For Not Applied Not Applied Por				
34787 Cour			^{Zip} 34787	Č	JS	Å	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent									
Wiley M. Cauthen Street Address (P.O. Box Number is Not Acceptable)							The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement		
17//3 Champagne Drive									
Suite, Apt. #, Etc.									
Winte		State 34787			fee be waived.				
8. I, being appointed the registered agent of the above named exporation, am familiar with and accept the obligations of section 607.050. Signature of Registered Agent REGISTERED AGENT MUST SIGN									503, F.S. 6, 2007
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)									
Titles	Offic	Street Address of Eac Officer and/or Directo				C	City / State / Zip		
P/D	Michael S	17749 Champagne			Drive	Winter Gar	den, Florida 34787		
V/D	Jeffrey M	17701 Champagne			Drive	Winter Gar	den, Florida 34787		
T/D	Alexande	17757 Champagne			Drive	Winter Gar	den, Florida 34787		
S/D	Wiley M.	17773 Champagne			Drive	Winter Gar	den, Florida 34787		
	REINSTATEMENT DU-07 page							001064 16164 167-01049-	o%is*^{75.00}
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 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 contained in Chapter 119, 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: Wiley M. Cauthen 7/16/2007 407-443-0200 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Da									