PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR 12 PM 1:42

DOCUMENT # P02000033444

1. Corporation Name
SOUTHERNAIRE PLANTATION SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

REINSTATEMENT 03-04

600034376256
04/28/04--01014--004 **308.75

2. Principal Office Address	3. Mailing Office Address
550 S. HIGHLAND ST.	550 S. HIGHLAND ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MT. DORA FL	City & State: MT. DORA FL
Zip: 32757 Country: USA	Zip: 32757 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 3/27/02

5. FEI Number: 22-3877698 ☐ 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: HAROLD K. SMITH

Street Address (P.O. Box Number is Not Acceptable): 550 S. HIGHLAND ST.

Suite, Apt. #, Etc.:

City: MT. DORA State: FL Zip Code: 32757

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: _____ Date: 4-8-04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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	HAROLD K. SMITH	550 S. HIGHLAND ST.	MT. DORA, FL 32757

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: _____ HAROLD K. SMITH 4/8/04 (352) 735-7703

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Secretary of State
Division of Corporations

To Whom it may concern:

During my moving from 2225 Lake Nelly Woods Dr, Gotha Fl to 550 S. Highland St. Mt. Dora, Fl. our mail became a disaster as we did not recieve all of which should have been forwarded to our new address. The 2003 renewal Corporation Forms was one of those we did not recieve.

Sincerely,