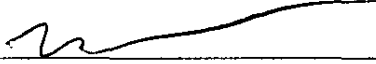


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000033444			
1. Corporation Name SOUTHERNAIRE PLANTATION SUBDIVISION HOMEOWNERS ASSOCIATION, INC.			
2. Principal Office Address 550 ^S HIGHLAND ST. Suite, Apt. #, etc.		3. Mailing Office Address 550 S. HIGHLAND ST. 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		REINSTATEMENT 03-04 600034376256 04/28/04--01014--004 **308.75	
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			
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: 		(352) 4/5/04 735-7703	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CP2E081 (01/04)

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
receive all of which should have been forwarded
to our new address. The 2003 renewal Corporation
Forms was one of those we did not receive.

Sincerely,

