PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 NOV 30 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04

DOCUMENT # P02000106746

1. Corporation Name
FLORENCE VILLA LAKESMART, INC.

111 AVENUE R, N.E.
111 AVENUE R, N.E.

2. Principal Office Address	3. Mailing Office Address
111 AVENUE R, N.E.	111 AVENUE R, N.E.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WINTER HAVEN FL	City & State: WINTER HAVEN FL
Zip: 33881 Country: USA	Zip: 33881 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: OCTOBER 3, 2002

5. FEI Number: 550803180 — 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: MCDONOUGH, BRIAN J

200043076992
11/30/04--01066--001 *750.00

Street Address (P.O. Box Number is Not Acceptable): 150 WEST FLAGLER STREET

Suite, Apt. #, Etc.: SUITE 2200

City: MIAMI State: FL Zip Code: 33130

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] Date: 11-16-04
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
D	BROWN, VERMELL V	608 AVENUE S, N.E.	WINTER HAVEN FL 33881
D	TINSLEY, SERETHA S	1900 HAVENDALE BOULEVARD	WINTER HAVEN FL 33881
D	COLSTON, PATSY A	826 WARE AVENUE	WINTER HAVEN FL 33882
D	STATON, JACQUALINE	P.O. BOX 3626	WINTER HAVEN FL 33881
D	BURNHAM, PERRY	1169 11th COURT NE	WINTER HAVEN FL 33881
D	ROBINSON, ELEASE	2240 5th ST NE	WINTER HAVEN FL 33881

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: Jacqueline Staton, President 11-22-04 863-292-8221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #