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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 02 VOC

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 DEC 20 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000081014

1. Corporation Name
LEMON TREE VILLAS, INC.

2. Principal Office Address	3. Mailing Office Address
200 East Washington Street	P. O. Box 676
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Minneola, Florida	City & State: Minneola, Florida
Zip: 34755 Country: USA	Zip: 34755 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/03/94

5. FEI Number: 593281200 ☐ 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: BATMAN, DEBORAH S.

Street Address (P.O. Box Number is Not Acceptable): 200 East Washington Street

600009615026
12/20/02--01034--003 **150.00

Suite, Apt. #, Etc.

City: Minneola State: FL Zip Code: 34755

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: Deborah S. Batman Date: 12/13/02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
Pres	BATMAN, DEBORAH S.	200 East Washington St.	Minneola, FL 34755
Sec	BATMAN, DEBORAH S.	200 East Washington St.	Minneola, FL 34755

$8.75 12/24

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: Deborah S. Batman 12/13/02 352-636-8714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

P. O. Box 676
Minneola, Florida 34755
December 17, 2002

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

RE: LEMON TREE VILLAS, INC.

Dear Sir:

Please find enclosed original Corporation Reinstatement application and check in the amount of $150.00 payable to Department of State for the above-named cause. Please waive all late fees for reinstatement due to the original renewal application being lost in the mail.

If you should have any questions, please call my attorney, Leonard H. Baird, Jr., at (352)-394-2114.

Very truly yours,

Deborah S. Batman

DEBORAH S. BATMAN

DSB/hyr

Enclosures