

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
Jan 12, 2004 8:00 A.M.
Secretary of State

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N97000002741
 1. Corporation Name
 SADDLEBAG CREEK RANCHES HOMEOWNERS' ASSOCIATION, INC.

2. Principal Office Address 4800 STONELEIGH RD Suite, Apt. #, etc.		3. Mailing Office Address 4800 STONELEIGH RD Suite, Apt. #, etc.	
City & State BLOOMFIELD HILLS, MI		City & State BLOOMFIELD HILLS, MI	
Zip 48302	Country	Zip 48302	Country

REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida 05/22/1997	
5. FEI Number N/A	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name WILLIAMS, JARVIS	
Street Address (P.O. Box Number is Not Acceptable) 6670 WINDJAMMER PLACE	
Suite, Apt. #, Etc.	
City BRADENTON	State FL
Zip Code 34202	000028280100 02/05/04--01031--002 **122 50

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 Jarvis Williams Date 1/9/04
 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 Officers and/or Director	City/State/Zip
PD	WILLIAMS, JARVIS	4800 STONELEIGH RD	BLOOMFIELD HILLS MI 48302
SD	WILLIAMS, ELENOR	4800 STONELEIGH RD	BLOOMFIELD HILLS MI 48302
TD	WILLIAMS, GERALD	4800 STONELEIGH RD	BLOOMFIELD HILLS MI 48302

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: Jarvis Williams JARVIS WILLIAMS, PRES. 1/9/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E061 (1/02)