
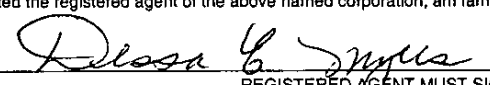
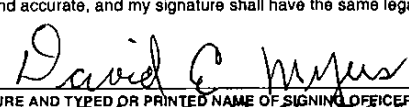


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	<b>FILED</b>  <b>08 AUG -8 AM 8:49</b>  SECRETARY OF STATE TALLAHASSEE, FLORIDA
<b>DOCUMENT #</b> 1. Corporation Name <div style="font-size: 1.2em; margin-top: 10px;">READING PLACE CONDO ASSN, INC</div> <div style="font-size: 1.2em; margin-top: 10px;">W108 0000 35955</div>			
<b>2. Principal Office Address - No P.O. Box #</b> 702 READING PLACE <small>Suite, Apt. #, etc.</small>		<b>3. Mailing Office Address</b> 702 READING P. <small>Suite, Apt. #, etc.</small>	
<b>City &amp; State</b> SUN CITY CENTER, FL		<b>City &amp; State</b> SUN CITY CENTER FL	
<b>Zip</b> 33593	<b>Country</b> HILLSBOROUGH	<b>Zip</b> 33593	<b>Country</b> HILLSBOROUGH
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> Jan 1974			
<b>5. FEI Number</b> 59-1698231		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
<b>7. Name and Address of Current Registered Agent</b> <div style="margin-top: 10px;"><b>Name</b> DESSA E. MYERS</div> <div style="margin-top: 10px;"><b>Street Address (P.O. Box Number is Not Acceptable)</b> 702 READING PLACE</div> <div style="margin-top: 10px;"><b>Suite, Apt. #, Etc.</b></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div><b>City</b> SUN CITY CENTER</div><div><b>State</b> FL</div><div><b>Zip Code</b> 33593</div></div>			
<b>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.</b> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div><b>Signature of Registered Agent</b> </div><div><b>Date</b> 8-2-08</div></div> <div style="text-align: center; margin-top: 5px;">REGISTERED AGENT MUST SIGN</div>			
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	DAVID E MYERS	702 READING PLACE	SUN CITY CENTER FL 33593
Sec/Tr	DESSA E MYERS	702 " "	" " " "
V.P.	MILDRED SCHUENHOLTZ	704 READING PLACE	S.C.C. FL 33593
800134950828 08/26/08-01005-024 ***1116.00			
<b>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 contained in Chapter 119, 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.</b>			
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<div style="display: flex; justify-content: space-between;"><div><b>8-2-2008</b> <small>Date</small></div><div><b>813-645-5097</b> <small>Daytime Phone #</small></div></div>	