PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 FEB -9 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 732588

1. Corporation Name

ENVOY POINT CONDOMINIUM ASSOC., INC.

2. Principal Office Address	**3.** Mailing Office Address
5901 SUN BLVD.	5901 SUN BLVD
Suite, Apt. #, etc. SUITE 200	Suite, Apt. #, etc. SUITE 200
City & State ST. PETERSBURG, FL	City & State ST. PETERSBURG, FL
Zip 33715 Country U.S.A	Zip 33715 Country U.S.A

REINSTATEMENT 99-00

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 50-1724179 ☐ 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: RESOURCE PROPERTY MANAGEMENT

Street Address (P.O. Box Number is Not Acceptable): 5901 SUN BLVD.

Suite, Apt. #, Etc.: SUITE 200

City: ST. PETERSBURG State: FL Zip Code: 33715.

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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: Albert Treder Date: 1/17/00
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
PD	BARRY GRANT	55 KINGSBRIDGE CIR.	MISSISSAUGA, ONT CANADA L5R 1Y
VPD	JIM NESPER	88 HALSTON PARKWAY	E. AMHERST, N.Y., 14051
T.D	JAN GRANT	7100 SUNSET WAY	ST. PETE, FL 33785
			LS

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: PRESIDENT 2/1/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #