PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION STATEMENT		Se	cretary	MENT OF STATE of State or State		FILED 2007 OCT 18 AM 8		
DOCUMENT # 733191 1. Corporation Name							SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Snapper Village condominium									
Association									
2. Principal Office Address - No P.O. Box # 3. Mailing 0 1.198 Suite, Apt. #, etc. Suite, Apt. #				SW	144 court	CR2E081 (1/07)			
City & State City & State				<u>e 2</u>	01	Date Incorporated or Qualified To Do Business in Florida			
MIAMIL PL N			Mian	iamit			per	Applied For Not Applicable	
331	73 Count	. Až	331 9	10	U.S.A	6. CERTIFICAT		Additional Fee required a Certificate of Status	
7. Name and Address of Current Registered Agent							·		
Name HYMAN SPECTOR & MAR Street Address (P.O. Box Number is Not Acceptable) 150 W Flogler Street Suite, Apt. # Etc. Suite 2701									
city Miami					FL 33130		AN		
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 REGISTERED AGENT MUST SIGN							[ATEMEN	1T 2001	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)									
Titles	Office	Name of ers and/or Directors			Street Address of Ea Officer and/or Direct		City / State	/ Zip	
Р	Elda Moyer			7019 SW 115 Place +			. Miam1, FL 33173		
VP	Janet Mowrer			CE LE D.C	9 SW HUPL	au-E	MIAMD FL 3	3173	
T	Susan Ewing			10904 SW 14 Place - A Miam, FL 33173			33173		
S	Wendy Roppins			7114 SW 114 Place -E			MIAMI, FL 33173		
P	Lois kaufman			645	5 SWILL	Place-F			
A	D Jackie Roca D Michele Adliman				SW 114 COURT		MIAMILIFL 33		
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 filling 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.									
SIGNATURE: 9.24 5 305-595-1569 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #									

SNAPPER VILLAGE CONDOMINIUM ASSOCIATION, INC.

6901 SW 116TH COURT

MIAMI, FLORIDA 33173

TEL. (305) 595 7569

FAX (305) 595-2117

September 28, 2007

Florida Department of State Division of Corporations PO BOX 1500 Tallahassee, Florida 32302-1500

Dear Sirs.

On behalf of the Snapper Village Condominium Association I request that the possible fine of \$175.00 please be waived. In January 2007 there was a check issued for the Annual Cooperate Report, however it was never processed, nor was there ever any notification received pertaining to this by this office. The aforementioned check number 2790 has subsequently been cancelled and re-issue with the attached Annual Report documentation.

Should there be any other necessary information please feel free to contact me at the above address and phone number. Or you may contact me via email at: SVCManager@bellsouth.net.

Sincerely,

Angela F. Sparks CAM

Property Manager

For the Board of Directors

Quala 4, SparkS

Snapper Village Condominium Association

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