PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THE FORM. FLORIDA DEPARTMENT OF STATE APPLICATION AS POR (NV) Sandra B. Mortham Secretary of State REINSTATEMENT 1998 FEB 27 PM 1: 33 DIVISION OF CORPORATIONS DOCUMENT #74264 SECRETARY OF STATE
TALLAHASSEE, FLORIDA 1. Corporation Name Coco Palms Condominium Association, Inc. Principal Place of Business Mailing Address 700 West Venice Ave. 700 West Venice Ave. Venice, FL 34285 Venice, FL 34285 800002444888--0 -03/03/98--01014--006 If above addresses are incorrect in any way, line through incorrect information and enter correction below. ****358.75 ****358.75 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified
 To Do Business in Florida
 5/4/1978 2. New Principal Office Address, If Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 59-2403246 Not Applicable \$8.75 Additional Fee required for a Certificate of Status Zio Country Zio Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of Officers Officer and/or Director
(Do NOT Use Post Office Box Numbers) City / State / Zip Title(s) and/or Directors 700 West Venice Ave. P/D H. Wayne Gibson Unit 205 Venice, FL 34285 700 West Venice Ave. VP/S/D Doyle Carpenter Unit 207 Venice, FL 34285 700 W. Venice Ave. Venice, FL 34285 T/D James Russo Unit 101 REINSTATEMEN 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name American Realty of Venice, Inc. Street Address (P.O. Box Number is Not Acceptable) 700 West Venice Ave. Suite, Act. #, Etc. Zip Code 34285 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information on intangible tax.) No 🖾 Yes 🗀 Intangible Personal Property tax due June 30. 12. 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.

SIGNING OFFICER OR DIRECTOR

D OF PRINTED NAME OF

SIGNATURE:

Daytime Phone # (941) 484-7328