PLEASE READ **L INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	FILED 03 JAN 13 AN 8: 57 SECULTARY OF STATE TALLAR ASPER FLORIDA
OCUMENT # 74500 Z Corporation Name		TALLA ASPERTURANTE OF OR
Vantage Point Condominium Association,		•
Principal Office Address 860 Panama C+ rite, Apt. #, etc.	3. Mailing Office Address 860 Panama C† Suite, Apt. #, etc.	700009639787 12/23/0201063001 **297.50 WOZ ~ ZUIR]
# Z Z O	# 22.0	4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number
Marco Island FL Country 34145 USA	Zip Country 34145 USA	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee requirements for a Certificate of Status
7. Name and Address of Current Registered Agent Name Eugene R. Daudelin Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. # 202 City Marca LS Land State State FL State State FL 34/45 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.		
reture of Eugen R Dandeling REGISTERED AGENT MUST SIGN Date 12/5/02		
Names and Street Addresses of Each Officer and/o tles Name of Officers and/or Directors	or Director (Florida nonprofit corporations must list at lea Street Address of Each Officer and/or Director	st 3 directors) City / State / Zip
5 Carol Long	D. 128 Lammert	Drive Glenshaw, 0A 15116
P Thomas Walwar	th D1455 Newport	
1 1 0	clin D 651 Rose Lane	

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 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.

GNATURE:

RICHARD F-DAUDELIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

RICHARD F-DAUDELIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

RICHARD F-DAUDELIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

RICHARD F-DAUDELIN

**RICHARD F-DAUDEL

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-5-02 239-642-6856 Date Daytime Phone #