

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 NOV 30 PM 3:59

DOCUMENT # **745068**

1. Corporation Name
TIFFANY PLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7000 GULF DR. HOLMES BCH. FL 34217	7000 GULF DR. HOLMES BCH. FL 34217



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/28/1978	
City & State		City & State		5. FEI Number	
Zip		Country		59-1972651	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SCHNEIDER, ROBERT NEID, ROBERT	228 CHRISTIE KNOLL S.W.	CALGARY, CANADA T3H 2R9
DP	ESTOCK, RICHARD	3440 COLONIAL AVE	ERIE PA 16506
DS	LUCY, MICHAEL	33 HILLTOP DR	WENHAM MA
DP	MCPHERSON, ROBERT	1830 TAYLOR AVE.	WINTER PARK FL 32789
DT	DAVIS, ESTELLE DAVIS, ESTELLE	1020 CURLEW DR. 1020 CURLEW DR.	VIRGINIA BEACH, VA 23451

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
-DYE & SCOTT, P.A. 1111 THIRD AVE. WEST SUITE 300 BRADENTON FL 34206		Name DYE DEITRICH PRATHER PETRUFF & ST. PAUL P.L. Street Address (P.O. Box Number is Not Acceptable) 1111 Third Avenue West Suite, Apt. #, Etc. Suite 300 000003492550--3 City Bradenton -12/11/00 subd 013 ***236.PFL ***34206 25	

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: Date: 11-15-2000

REGISTERED AGENT MUST SIGN

11. 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: 11-15-2000 814-833-7400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/00)