PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 DEC 22 AM 9:36

DOCUMENT # 745179

1. Corporation Name
THE LITTLE MERMAID CONDOMINIUM ASSOCIATION, INC.

REINSTATEMENT 02-05

2. Principal Office Address	**3.** Mailing Office Address
c/o CRAIG T. HUPP 878 109TH AVE NO. [redacted]	c/o CRAIG T. HUPP CPA 878 109TH AVENUE NO.
Suite, Apt. #, etc. SUITE #1	Suite, Apt. #, etc. SUITE #1
City & State NAPLES, FL	City & State NAPLES, FL
Zip / Country 34108 / US	Zip / Country 34108 / US

4. Date Incorporated or Qualified To Do Business in Florida 12/11/78

5. FEI Number 65-0643118 ☐ 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
CRAIG T. HUPP, CPA

Street Address (P.O. Box Number is Not Acceptable)
878 109TH AVENUE NORTH

500062355895
12/22/05--01042--008 **428.75

Suite, Apt. #, Etc.
SUITE #1

City	State	Zip Code
NAPLES	FL	34108

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 _____ Date 12/20/05
REGISTERED AGENT MUST SIGN

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
P, D	MARY L. BIANCHI	41 ASPEN AVENUE ~~AUBURNDALE, MA 02166~~	AUBURNDALE, MA 02466
S, T, D	MARIA ROSEN	41 ASPEN AVENUE	AUBURNDALE, MA 02466

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: Mary L. Bianchi MARY L. BIANCHI 12/20/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

12/23