

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2012 NOV - 6 AM 12: 24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


REINSTATEMENT

10-12

300241099583  
11/06/12--01013--004 \*\*122.50

CR2E081 (11/10)

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 750540

1. Corporation Name

Caladesi Place Townhouse Condominium Inc

2. Principal Office Address - No P.O. Box #

131 Woodette Dr

Suite, Apt. #, etc.

3. Mailing Office Address

P O Box 884

Suite, Apt. #, etc.

City & State

Dunedin

City & State

Palm Harbor

Zip

34698

Country

US

Zip

34682

Country

US

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number  
59-2849651

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  
RabinParker PA

Street Address (P.O. Box Number is Not Acceptable)  
28163 US Hwy 19 N

Suite, Apt. #, Etc.  
Ste 207

City  
Clearwater

State  
FL

Zip Code  
33761

~~538.75~~  
358.75  
300241099583  
10/23/12--01020--027 \*\*236.25

W112-54360

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

*[Signature]*  
BENNET L RABIN  
REGISTERED AGENT MUST SIGN

Date 10/18/12

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	Peggy Branner	143 Woodette Dr	Dunedin, FL 34698
VP	Sirena Ionata	2144 Edythe	Dunedin, FL 34698
ST	Bob Fultz	191 Woodette Dr	Dunedin, FL 34698

10. E-mail Address:

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: *[Signature]* ROBERT FULTZ-TREN 11/1/12 7272317170  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #