PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 MAY -1 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 751507

1. Corporation Name
Chandlers Forde Condominium Association, Inc.

2. Principal Office Address	**3.** Mailing Office Address
Condominium Management, Inc.	Condominium Management, Inc.
Suite, Apt. #, etc.: 1801 Glengary Street	Suite, Apt. #, etc.: 1801 Glengary Street
City & State: Sarasota, FL	City & State: Sarasota, FL
Zip: 34231 Country: USA	Zip: 34231 Country: USA

REINSTATEMENT 99-00

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-2007509 ☐ 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: Condominium Management, Inc.

200003251062--8
-05/12/00--01107--005
****175.00 ****175.00

Street Address (P.O. Box Number is Not Acceptable): 1801 Glengary Street

Suite, Apt. #, Etc.:

City: Sarasota State: FL Zip Code: 34231

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: P R Clark Chairman Date: 4/28/2000

REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
			200003251062--8 -05/12/00--01107--006 *****61.25 *****61.25
		SEE ATTACHED	
			SP
			05/04/9990019022 $61.25

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: P Richard Clark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2000 P. Richard Clark 941-921-5395
Date Daytime Phone #

Manager: JIM *Local Address* Date Printed: 3/6/00 Code

P/D	**Mr. Wesley G. Matthei** 4675 Chandlers Forde Sarasota, FL 34235	10
V/D	**Mrs. Barbara B. Corbett** 4551 Chandlers Forde Sarasota, FL 34235	12
S/D	**Mr. Herbert E. Hoffman** 4528 Chandlers Forde Sarasota, FL 34235	25
T/D	**Mr. Sherman A. Mendlesohn** 4643 Chandlers Forde Sarasota, FL 34235	30
D	**Mr. George Brown** 4753 Chandlers Forde Sarasota, FL 34235	40
AS	**Mr. P. Richard Clark** 1801 Glengary Street Sarasota, FL 34231	50