

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03 DEC -3 PM 3:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 81096705 751552

1. Corporation Name
Madeira 507 Condominiums

REINSTATEMENT 03

400025185834
12/03/03--01008--016 **245.00

2. Principal Office Address <u>#10 TVPM</u>		3. Mailing Office Address	
<u>1110 S. Pinellas Bayway</u>			
Suite, Apt. #, etc. <u>#207</u>		Suite, Apt. #, etc.	
City & State <u>Tierra Verde, FL</u>		City & State	
Zip <u>33775</u>	Country <u>BUSA</u>	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number <u>01-0671644</u>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name <u>Susan Rouanzion</u>
Street Address (P.O. Box Number is Not Acceptable) <u>1110 S. Pinellas Bayway #207</u>
Suite, Apt. #, Etc. <u>207</u>
City <u>Tierra Verde</u>
State <u>FL</u>
Zip Code <u>33715</u>

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 Susan Rouanzion Date 11/20/03

REGISTERED AGENT MUST SIGN

9. Names and Street Address of each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officer and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	<u>Elaine Sulczewski</u> <u>50 TVPM</u>	<u>1110 S. Pinellas Bayway #207</u>	<u>Tierra Verde, FL 33715</u>
DVP	<u>Frank Clarke</u> <u>90 TVPM</u>	<u>1110 S. Pinellas Bayway #207</u>	<u>Tierra Verde, FL 33715</u>
DS/T	<u>Sandy Hagen</u> <u>50 TVPM</u>	<u>1110 S. Pinellas Bayway #207</u>	<u>Tierra Verde, FL 33715</u>
D	<u>Mike</u>	<u>1110 S. Pinellas Bayway #207</u>	<u>Tierra Verde, FL 33715</u>
D	<u>Bob</u>	<u>1110 S. Pinellas Bayway #207</u>	<u>Tierra Verde, FL 33715</u>

10. I certify that I am an officer or 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, all outstanding debts and liabilities of the corporation have been paid or satisfied, and that 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 correct, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [Signature] 11-25-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)