

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05- MAR 30 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 754041

1. Corporation Name
Falcon Bay Condominium Association, Inc.

2. Principal Office Address
4707 SE 5th Ave.
Suite, Apt. #, etc.
202

3. Mailing Office Address
4707 SE 5th Ave.
Suite, Apt. #, etc.
202

City & State
Cape Coral, FL
Zip Country
33904 US

City & State
Cape Coral FL
Zip Country
33904 US

REINSTATEMENT 04-05

4. Date Incorporated or Qualified To Do Business in Florida 1980s
5. FEI Number 59-2249660 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 Augustine Cuerdo 05/04/04 90127 045 # 61.25
Street Address (P.O. Box Number is Not Acceptable) 4707 SE 5th Ave
Suite, Apt. #, Etc. 202
City Cape Coral State FL Zip Code 33904

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 X [Signature] Date 3/24/05
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
PD	Augustine Cuerdo	4707 SE 5th Ave, # 202	Cape Coral, FL 33904
VPD	Sam Rowen	4707 SE 5th Ave, # 101	Cape Coral, FL 33904
SD	LORETTA OXFORD	4707 SE 5th Ave, # 103	Cape Coral, FL 33904

910050217399
04/08/05--01006--006 **236.25

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: X [Signature] Date 3/24/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/05)