

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM  
 FILED  
 THIS FORM STATE  
 DIVISION OF CORPORATIONS

10/2

02 MAR 15 PM 4:00

CORPORATION  
 REINSTATEMENT

00-02 UBR

FLORIDA DEPARTMENT OF STATE  
 Matthew Marks  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 765244

1. Corporation Name  
 Vineyard of Tampa Condominium Assoc., Inc.

2. Principal Office Address  
 4611 North "B" Street

3. Mailing Office Address  
 3001 Executive Drive

Suite, Apt. #, etc.  
 Suite 260

Suite, Apt. #, etc.

City & State  
 Clearwater

City & State  
 FL

Zip  
 33762

Country

Zip

Country

4. Date Incorporated or Qualified  
 To Do Business in Florida 9/30/92

5. FEI Number  
 59-2407556

Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

00-02

7. Name and Address of Current Registered Agent

Name  
 Condominium Associates

Street Address (P.O. Box Number is Not Acceptable)  
 3001 Executive Drive

200005192852-9  
 -04/04/02--01064--030  
 \*\*\*\*183.75 \*\*\*\*183.75

Suite, Apt. #, Etc.  
 Suite 260

City  
 Clearwater

State Zip Code  
 FL 33762

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  
 By David Snyder  
 REGISTERED AGENT MUST SIGN

Date 2-18-02

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	Snyder, David	4616 W. Fig Street, #5	Tampa, FL 33609
VPD	Ware, Jerry	302 N. Trask Street, #202	Tampa, FL 33609
SD	McGruddy, Donna	4611 North "B" Street, #1	Tampa, FL 33609
D	Mayo, Sandra	4611 North "B" Street, #125	Tampa, FL 33609
D	Arensberg, Cornelius	4611 North "B" Street, #228	Tampa, FL 33609

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: David Snyder  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2-5-02 813-28-1837  
 Daytime Phone #

CR2E081 (9/01)