

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Jim Smith  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

02 NOV -8 AM 8:55

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # 768853  
 1. Corporation Name  
 CEDAR AVENUE CONDOMINIUM OWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address  
 5 CLIFFORD DRIVE P.O. BOX 64  
 SUITE #5 SHALIMAR FL 32579-1250  
 SHALIMAR FL 32579



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. New Mailing Office Address, If Applicable  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 06/09/1983  
 5. FEI Number 59-2496558 Applied For Not Applicable  
 6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	ANGLEA, J.R.	117-A CEDAR AVE., SW	FT. WALTON BEACH FL 32548
PD	BATHISTA, FRANK PETER DUNAWHOLT	115A CEDAR AVE. 113 C CEDAR AVE SW	FORT WALTON BCH FL 32548
D	WIND, E.S. KAREN CRATER	C/O WAYNE PATTON REALTY, 96 MIRAC 113 C CEDAR AVE SW	FT. WALTON BEACH FL 32548
<del>D</del>	<del>LINDSLEY, GAIL</del>	<del>13 WARWICK DR</del>	<del>SHALIMAR FL</del>
<del>D</del>	<del>MANSON, DAVID</del>	<del>88 COUNTRY CLUB RD</del>	<del>SHALIMAR FL</del>

8. Name and Address of Current Registered Agent  
~~LINDLEY, GAIL  
 13 WARWICK  
 SHALIMAR FL 32579-1606~~

9. Name and Address of New Registered Agent  
 Name KAREN CRATER  
 Street Address (P.O. Box Number is Not Acceptable) 113 C CEDAR AVE SW  
 Suite, Apt. #, Etc. FORT WALTON BEACH  
 City FL Zip Code 32548

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE OF KAREN CRATER Date 11-6-02  
 REGISTERED AGENT MUST SIGN

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., 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: SIGNATURE OF KAREN CRATER Date 11-6-02 Daytime Phone # 852-244-7906  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/02)