PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAY 28 AM 8:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N 00000008011

REINSTATEMENT 05-03

900015644849
04/10/03--01087--001 **297.50

1. Corporation Name
The Blaikie Court Center Condominium Association, Inc.

2. Principal Office Address	**3.** Mailing Office Address
8140 Blaikie Court	8140 Blaikie Court
Suite, Apt. #, etc.: B	Suite, Apt. #, etc.: B
City & State: Sarasota FL	City & State: Sarasota FL
Zip: 34240 Country: Sarasota	Zip: 34240 Country: Sarasota

4. Date Incorporated or Qualified To Do Business in Florida: 12/5/2000

5. FEI Number: 65-1093060 ☐ 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: Barbara Anson
Street Address (P.O. Box Number Is Not Acceptable): 8140 Blaikie Court
Suite, Apt. #, Etc.: Suite B
City: Sarasota State: FL Zip Code: 34240

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: Barbara Anson Date: 3/26/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
P-S	Barbara Anson	37230 Glenwood Ave	Myakka City FL. 34251
V-T	Robert Johnson	3350 old oak DR	Sarasota FL. 34239
-	-		
D	STEVEN M Lee	1153 RACIMO DR	Sarasota FL. 34240

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: Barbara Anson 3/26/03 941-322-1661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gr 5/30