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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 10 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000002608

SD003024507S
03/10/04--01068--011 **300.00

1. Corporation Name
WILES ROAD CONDOMINIUM ASSOCIATION

2. Principal Office Address		**3.** Mailing Office Address	
11866 WILES ROAD		11866 WILES ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: CORAL SPRINGS, FL		City & State: CORAL SPRINGS, FL	
Zip: 33076-2211	Country: USA	Zip: 33076-2211	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 04/09/01

5. FEI Number 65-1122497 ☐ 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: GREG JONES

Street Address (P.O. Box Number is Not Acceptable): 11866 WILES ROAD

Suite, Apt. #, Etc.:

City: CORAL SPRINGS | State: FL | Zip Code: 33076

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 _____ REGISTERED AGENT MUST SIGN Date 3/5/04

CR2E081 (01/04)

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
PTD	GREG JONES	11866 WILES ROAD	CORAL SPRINGS, FL 33076
VSD	GAIL JONES	11866 WILES ROAD	CORAL SPRINGS, FL 33076
		REINSTATEMENT	03-04

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Wiles Road Condominium Association

11866 Wiles Road
Coral Springs, FL 33076

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

March 2, 2004

Dear Sir/Madam;

I am the new president of the Wiles Road Condominium Association, and have been recently made aware that the corporation was dissolved in September 2003 for failure to file its annual report for 2003.

In looking at the mailing address on sunbiz.org, I see that that the city was listed as Coral Gables, not Coral Springs. Since the address is incorrect, the filing form for 2003 was never received, and that is why the association never filed the renewal form.

We hereby request a waiver of the renewal fee of $700, and we are enclosing a check for $300 to cover the filing fee for 2003 and 2004, together with the corporation reinstatement application.

Thank you for your consideration in this matter.

Sincerely,

Greg Jones
President