

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 SEP -2 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01000004132

1. Corporation Name

CASA CIELO CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address
11138 Bridge House Road

3. Mailing Office Address
P.O. Box 618063

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Windermere, FL

City & State
Orlando, FL

Zip Country
34786

Zip Country
32861

4. Date Incorporated or Qualified To Do Business in Florida
6/11/01

5. FEI Number 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
CORPORATION COMPANY OF ORLANDO
Street Address (P.O. Box Number is Not Acceptable)
300 South Orange Avenue 300041099113
Suite, Apt. #, Etc.
Suite 1000 (J3S) 09/15/04--01035--013 ***306.25
City State Zip Code
Orlando FL 32801-5403

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: J. Gregory Humphries Corporation Company of Orlando

J. Gregory Humphries REGISTERED AGENT MUST SIGN Date 9/01/04

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
P, D	Gary A. Jensen	11138 Bridge House Road	Windermere, FL 34786
D	Bert Karpinski	11138 Bridge House Road	Windermere, FL 34786
S, T, D	Sue Cole	11138 Bridge House Road	Windermere, FL 34786

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: Gary Jensen Gary A. Jensen, President 9/01/04 407-294-5656
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)