PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 MAR 15 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E081 (11/09)

DOCUMENT # N01000007610

1. Corporation Name

ELTON MANOR CONDOMINIUM ASSOCIATION

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
183 PEREGRINE DRIVE	PO BOX 33243
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: INDIALANTIC, FL	City & State: INDIALANTIC, FL
Zip: 32903 Country: USA	Zip: 32903 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/25/2001

5. FEI Number: 030420396 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: ADVISOR PROPERTY MANAGEMENT

Street Address (P.O. Box Number is Not Acceptable): 183 PEREGRINE DRIVE

Suite, Apt. #, Etc.

City: INDIALANTIC State: FL Zip Code: 32903

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: _____ Date: 02/04/2010

REGISTERED AGENT MUST SIGN

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	ANDREW FRAZIER	373 ORANGE ROAD	MONTCLAIR, NJ 07042
S/T	TIM ROSENTHAL	9973 TORREON AVE	SAN RAMON, CA 94583
D	ESTEBAN FARAO	7441 WAYNE AVE, APT 12P	MIAMI, FL 33141
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			RH
	REINSTATEMENT		

10. E-mail Address: ELTONMANOR@GMAIL.COM
(To be used for future annual report notification)

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. I further certify, 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: _____ ANDREW FRAZIER 02/04/2010 973-851-8382

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