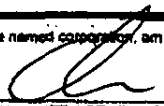


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 10 MAR 15 AM 8:52 SECRETARY OF STATE TALLAHASSEE, FLORIDA 400172224374 03/15/10--01062--018 **236.25 CR2E081 (11/09)	
DOCUMENT # N01000007610					
1. Corporation Name ELTON MANOR CONDOMINIUM ASSOCIATION					
2. Principal Office Address - No P.O. Box # 183 PEREGRINE DRIVE		3. Mailing Office Address 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 ☐ SEE INSTRUCTIONS ON REVERSE					
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		
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)					
Title	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	
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. Further, hereby, 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 #	