

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

05 JUN 29 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000000252

1. Corporation Name

CITIHOMES AT SAN MARCO CONDOMINIUM ASSOCIATION INC

2. Principal Office Address

2180 W SR 434

Suite, Apt. #, etc.

STE-5000-

City & State

LONGWOOD FL

Zip

32779-5044

Country

USA

3. Mailing Office Address

2180 W SR 434

Suite, Apt. #, etc.

STE 5000

City & State

LONGWOOD FL

Zip

32779-5044

Country

USA

REINSTATEMENT 03-05

4. Date Incorporated or Qualified
to Do Business in Florida

01/15/2002

5. FEI Number

20-2939040

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

JAMES W HART JR

Street Address (P.O. Box Number is Not Acceptable)

SENTRY MANAGEMENT INC 2180 W SR 434

Suite, Apt. #, Etc.

STE 5000

City

LONGWOOD

State

FL

Zip Code

32779-5044

400056721554

06/29/05--01059--013 **113.75

10/26/04 01083 008 \$245.00

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 6/23/05

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
pres	MARK BUSER	7855 ARGYLE FOREST BLVD #703	JACKSONVILLE FL 32244
vp	GERALD KURTZ	6215 CHRISTOPHER CREEK CT	JACKSONVILLE FL 32217
dir	ANN SHONSTROM	6 SATINWOOD	IRVINE CA 92612

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:

Mark's Busher, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/23/05
Date

904.317.4511
Daytime Phone #

CP27ENR1 (rev/04)