PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE Katherine Harris 01 MAR 23 AM 10: 27 Secretary of State DIVISION OF CORPORATIONS SECRETARY OF STATE
VALLAHASSEE, FLORIDA NO3745 DOCUM 1. Corporation Name LANDMARK PLACE CONDOMINIUM ASSOCIATION, AC W000000 3006 500003952365 2. Principal Office Address -04/03/01--01020--017 *****70.00 ****70.00 3211 Lanumark ur. Suite, Apt. #, etc. 4. Date Incorporated or Qualified suire: To Do Business in Florida Apt. 5509 City & State City & State 5/FEI Number Applied For Not Applicable clearwater, FI. \$8.75 Additional Fee required for a Certificate of Status 33761 Name and Address of Current Registered Agent)0395236**5** -04/03/01 - 01020 -016 31.25 ****131...25___*******!** Suite, Apt. #, Etc. Zip Code State 3462 above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. 8. I, being appointed the registered agent of Date 12/1/2000 التريين المشكران Signature of Registered Agent AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each City / State / Zip Officer and/or Director Titles Officers and/or Directors <u>clearwater, Fl. 33761</u> 3203 Tanumark Dr. Apt. 2201 BILL SCATURRO DPApt. 4410 Cleazwater, Fl. 3209 Tanumark Dr: CHARLES DECESAR DVP 3211 Lanomark Dr. Apt. 5509 Clearwater, F1. 53761 SEBASTAIN DIMARIA DT 5209 Landmark Dr. Apt. 4407 Clearwater, F1.53761 Ds ED DOHNERT 3201 Landmark Dr. Apt. 1101 Clearwater, MICHAEL FRATTARULO DD 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 filling

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 filling 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 feather owned 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 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

BILL SCATURRO

/2/1/2000 Date (727) 934-3256 Daytime Phone #



3211 Landmark Drive, Box 12 Clearwater, FL 33761

November 29, 2000

Florida Dept. of State,
Division of Corporations
POB 6327
Fallahassee=FL=32314 ----

Dear Sirs/Madams:

As per your office's instructions please accept this letter to reinstate our corporation.

We understand, and your records will reflect, our organization did not file the Uniformed Business Report for 1999 and 2000. The reason for the inadvertent non-filing was we never received the form(s) due to a change of address of the Registered Agent on file. We also understand-your records show-the-form-was-mailed in-January of-1999 and again-in June and that the second notice was returned by the post office as undeliverable". Of course, we also never received the form for 2000.

Therefore, attached is form 203. Reinstatement for 1999 and 2000, along with annual registration fees totaling \$122.50 (\$61.25 per year). We also request the waiving of any penalties that may be due. + \$8.75 = \$1/3/.25

Finally, please note the new name and address of our Registered Agent:

Ms. Jan Spoonster, President Community Accounting & Management, Inc. 40347 US Hwy 19, No., Suite 129 Tarpon Springs, FL 34698-4841

Sincerely,

William Scaturro