

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 APR 13 AM 7:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #N06000012961

1. Corporation Name

CASA MONTALTO CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #

221 W. Oakland Park Blvd.
Suite, Apt. #, etc. Third Floor

3. Mailing Office Address

P. O. Box 950
Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33311

Country

US

Zip

33302-0950

Country

US

4. Date Incorporated or Qualified To Do Business in Florida

9/14/07

5. FEI Number

27-2312150

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

Don Mitchell

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

221 W. Oakland Park Blvd.

Suite, Apt. #, Etc.

Third Floor

City

Ft. Lauderdale,

State

FL

Zip Code

33311

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

Don Mitchell

Date 4/9/2010

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
D	Jesse P. Gaddis	221 W. Oakland Park Blvd	Ft. Lauderdale, FL 33311
D	Susan T. Gaddis	221 W. Oakland Park Blvd.	Ft. Lauderdale, FL 33311
D	Michael R. Gaddis	221 W. Oakland Park Blvd.	Ft. Lauderdale, FL 33311

10. E-mail Address: exec221@blserviceinc.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:

Jesse P. Gaddis

Jesse P. Gaddis 4/9/2010

Date

(954) 565-8900

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR