


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 25 AM 8:05

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 88-06
CR2E081 (12/05)

DOCUMENT # N08341
1. Corporation Name
Salty Acres Condominium Association, Inc.

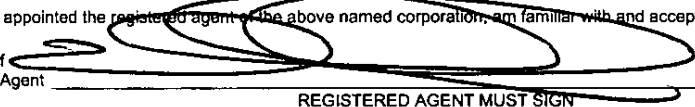
2. Principal Office Address 4030 Gulf of Mexico Dr.		3. Mailing Office Address 4030 Gulf of Mexico Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Longboat Key, FL		City & State Longboat Key, FL	
Zip 34228	Country U.S.	Zip 34228	Country U.S.

4. Date Incorporated or Qualified To Do Business in Florida 03/25/1985	
5. FEI Number 592554951	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name: David H. Rosenberg, Esq.
Street Address (P.O. Box Number is Not Acceptable): 8130 Lakewood Main St.
Suite, Apt. #, Etc.: Suite 208
City: Lakewood Ranch State: FL Zip Code: 34202


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: 5/22/2006
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	Charles L. Starr, III	4030 Gulf of Mexico Dr.	Longboat Key, FL. 34228
VP	Dr. Rolando Sanchez	4030 Gulf of Mexico Dr.	Longboat Key, FL. 34228
S/T	Catherine Sanchez	4030 Gulf of Mexico Dr.	Longboat Key, FL. 34228
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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 contained in Chapter 119, 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:  Date: 5-22-06 Daytime Phone #: 941-371-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR