PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 11 PM 4:31

DOCUMENT # N93000004945

REINSTATEMENT 94-01

1. Corporation Name
Beekman Estates Section 1 Condominium Association, Inc.

2. Principal Office Address	**3.** Mailing Office Address
4301 32nd Street West	4301 32nd Street West
Suite, Apt. #, etc.: Suite A-19	Suite, Apt. #, etc.: Suite A-19
City & State: Bradenton, Florida	City & State: Bradenton, Florida
Zip: 34209 Country: USA	Zip: 34209 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11.02.1993

5. FEI Number: 650558993 ☐ 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: C&S Condominium Management Services, Inc.

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-10/18/01--01057--007
****358.75 ****358.75

Street Address (P.O. Box Number is Not Acceptable): 4301 32nd Street West

Suite, Apt. #, Etc.: Suite A-19

City: Bradenton | State: FL | Zip Code: 34209

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: P Frances L Kracker — Date: 10-5-01
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
D1	Paul Kaufman	4303 Beekman Place	Sarasota, FL 34235
D2	Fran Kracker	3390 Yonge Avenue	Sarasota, FL 34235
D3	Ted Bradndhorst	3346 Yonge Avenue	Sarasota, FL 34235

$10/17

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.

PAUL KAUFMAN

SIGNATURE: Paul Kaufman — 09-18-01 — (941) 359 1197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #