

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

APPROVED  
AND  
FILED

DOCUMENT # N98000000879

1. Corporation Name  
Kings Island XV Condominium Association Inc.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Office Address  
3540 Forest Hill Blvd

3. Mailing Office Address  
Same

Suite, Apt. #, etc.  
#203

Suite, Apt. #, etc.

City & State  
West Palm Beach, FL

City & State

Zip Country  
33406 USA

Zip Country

4. Date Incorporated or Qualified  
To Do Business in Florida 2/13/98

5. FEI Number  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  
Deborah A. Dentry

Street Address (P.O. Box Number is Not Acceptable)  
3540 Forest Hill Blvd

Suite, Apt. #, Etc.  
#203

City  
West Palm Beach

State Zip Code  
FL 33406

**REINSTATEMENT**

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 Deborah A. Dentry

Date 11/3/00

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/D	Deborah A. Dentry	3540 Forest Hill Blvd #203 W Palm Beach,	FL 33406
VP/D	Ronald Oskey	12860 SW Pembroke Circle	Lake Suzy, FL 34264
S/D	Nancy Okun	175 Kings Highway	Pt Charlotte, FL 33983

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 607.0461 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: Deborah A. Dentry, Deborah A. Dentry, Pres

Date 10/3/00 Daytime Phone 561-697-5252