


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 05 AUG 31 AM 9:21 SECRET TALLAHASSEE, FLORIDA 300059103663 08/30/05--01010--004 **1653.75 REINSTATEMENT 02-05																									
DOCUMENT # 726816																													
1. Corporation Name LIBRARY LAKE CONDOMINIUM APARTMENTS ASSOCIATION INC.																													
2. Principal Office Address 1200 37TH STREET NORTH Suite, Apt. #, etc.		3. Mailing Office Address 1200 37TH STREET NORTH Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 6/27/73 5. FEI Number 59-1696576 <div style="float: right;">Applied For <input type="checkbox"/> Not Applicable</div> 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status																									
City & State ST. PETERSBURG, FL.		City & State ST. PETERSBURG, FL.																											
Zip 33713-6055	Country PINELLAS	Zip 33713-6055	Country PINELLAS																										
7. Name and Address of Current Registered Agent																													
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="6">Name SHIRLEY E. HARRIS</td></tr><tr><td colspan="6">Street Address (P.O. Box Number is Not Acceptable) 1200 37TH STREET NORTH</td></tr><tr><td colspan="6">Suite, Apt. #, Etc. APT. 208</td></tr><tr><td colspan="4">City ST. PETERSBURG</td><td>State FL</td><td>Zip Code 33713-6056</td></tr></table>						Name SHIRLEY E. HARRIS						Street Address (P.O. Box Number is Not Acceptable) 1200 37TH STREET NORTH						Suite, Apt. #, Etc. APT. 208						City ST. PETERSBURG				State FL	Zip Code 33713-6056
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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. <table style="width: 100%;"><tr><td style="width: 60%;">Signature of Registered Agent <i>Shirley E. Harris</i></td><td style="width: 40%;">Date 8/24/05</td></tr><tr><td colspan="2" style="text-align: center;">REGISTERED AGENT MUST SIGN</td></tr></table>						Signature of Registered Agent <i>Shirley E. Harris</i>	Date 8/24/05	REGISTERED AGENT MUST SIGN																					
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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	CHARLES L. VANCE	1200 37TH ST. N APT.108	ST. PETERSBURG, FL 33713																										
V/D	ELLIS FLORES	1200 37TH ST. N APT.409	ST. PETERSBURG, FL 33713																										
S/D	DARLENE DARNELL	1200 37TH ST. N APT.202	ST. PETERSBURG, FL. 33713																										
T/D	SHIRLEY E. HARRIS	1200 37TH ST. N APT.208	ST. PETERSBURG, FL. 33713																										
D	ALICE MAE VANCE	1200 37TH ST. N APT.108	ST. PETERSBURG, FL. 33713																										
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.																													
<table style="width: 100%;"><tr><td style="width: 40%;">SIGNATURE: <i>Shirley E. Harris</i></td><td style="width: 20%;">SHIRLEY E. HARRIS</td><td style="width: 20%;">8/24/05</td><td style="width: 20%;">727-323-5378</td></tr><tr><td colspan="2" style="text-align: center;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</td><td style="text-align: center;">Date</td><td style="text-align: center;">Daytime Phone #</td></tr></table>						SIGNATURE: <i>Shirley E. Harris</i>	SHIRLEY E. HARRIS	8/24/05	727-323-5378	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #																
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