## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		1
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED
DOCUMENT # 380435		13 JAN -7 PH 12: 07
1 Corporation Name	_	C. (1777)
chaleton the Lake	e condominiums, Ins.	TALLALLA CONTRACTOR
		SECRETARY OF STATE TALLAHASSEE, FLORIDA
	3. Mailing Office Address 9887 4th Street No.	
	Suite, Apt. #, etc.	CR2E081 (11/10)
· ·	30/	4. Date incorporated or Qualified To Do Business in Florida 4/14/197/
Sb Petersburg, FL	St Petrisburg, FL	5. FEI Number   Applied For   Not Applicable
33713 US	33702 Country	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of C	Current Registered Agent	
Rampart Properties	inc.	
Street Address (P.O. Box Number is Not Acceptable)	5,410,	
19887 4th Street	No	<b>400243398284</b> 01/07/1301050028 **1400,00
Stite, Act		01/U1/13U1U5UU28 **14UU.UU
3 Petelsburg	FL 33763	
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 MUST SIGN Rangest Properties  REGISTERED AGENT MUST SIGN Rangest Properties		
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
fres Edwin Freshi	JR 3850, 1362 AUEN St PETE, FL 3371	
ST JOYCE NEVERS	3850 1340 AVE V	
VP Deboral Rountrez	3850 13th AUE	N # 203 St Patersburg , FL 33213
		···· 011 12
R	EINSTATEMEN	11 17 - 13 JAN 1 0 2013
		T. SCOTT
10. E-mail Address: Warlenski @ rampart propertiss . Com (To be used forfuture 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., and 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. I am awaffe that take information substitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  SIGNATURE:   LOWIN FIELD   1-3-2013 127-327-327-327-327-327-327-327-327-327-3		
	FOMIL INSE	1, Pres 1-3-2013 127-327-2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR