2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 524133 1. Entity Name SURFSIDE TWELVE CONDOMINIUM ASSOCIATION, INC.							FILED 07 MAY 14 PM 3: 44						
Principal Place of Business Mailing Address							V	roaris ti	11 J. 44				
PO BOX 190 SANIBEL, FL		•	12853 BANYAN CREEK DRIVE Fort Myers, FL 33908				ALL ANASSEE, FLORIDA						
		ness - No P.O. Box#	3. Mailing Address										
585 Sulte, Apt.		DEF DRIVE	Suite, Apt. #, etc.			<u> </u>	030	NSTATEN	ENT	(1/8)5	5-06		
City & State SANIBEL FL			City & State FORT MYERS FL				4. FEI Number Applied For 59-1900980 Not Applicable						
	°33957 Country		Zip 33901		Country		5. Certificate of Status Desired \$8.75 Additional Fee Required						
		and Address of Current	1		· · · · ·		7. Name and	Address of New R					
OWENS, I	DAVID A		Name JAMES M. SOWERS										
12853 BAN FORT MY		Street Address (P.O. Box Number is Not Acceptable) 2040 VIRGINIA AVENUE											
				-	City	F	ORT M	YERS	FL	Zip Code	33901		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.													
SIGNATURE Signature, typed a promod name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
FILE NOW!!! FEE IS \$300.00								In accordance v	rith s. 607.19	3(2)(b), F	S., the		
		The same of the sa											
10.	г	OFFICERS AND		11.			ADDITIONS	CHANGES TO OFF					
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CITY-ST-ZIP	nordific these sh	o information or malicularities	this filling does not qualify for	the even		ontaino."	in Chapter 146	Florida Statutas 1	further coeth.	hat the in	formation		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.													
SIGNATURE: Caral a Laului Caral A Barbier, 4/30/07 5/693/4379													
SIGNA	JINE. <u>-</u>	SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Destine Phone #											