## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	:	08 JAN 18 AM 8: 41	
DOCUMENT # 721509  1. Corporation Name  Ironwood Second Condominium Association, In			ALLAHASSEE. FLORIDA	
2. Principal Office Address - No P.O. Box #	3. Mailing Office Address 4301 32nd 5t. W. Suite, Apt. #, etc.	REI	VSTATEMENT 07-08 KS	
A20	A20		porated or Qualified iness in Florida	
City & State  Bradenton, FL  Zip Country  3H205	Bradenton, FL zip Country 34205	5. FEI Numbe 59 - 1		
Name  C+5 Condominium Mgmt. Svcs, Inc.  Street Address (P.O. Box Number is Not Acceptable)  4301 32nd Street West  Suite, Apt. #, Etc.  A-20  City  Bradenton  T. Name and Address of Current Registered Agent  Mgmt. Svcs, Inc.  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)		circum the pri are ce receiv	The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
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 Date  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 Officers and/or Directors  PD Marge Peters	Street Address of E Officer and/or Direc	ctor	City / State / Zip	
	4080 Fronwoodd #308	circle	Bradenton, FL 34209	
upo Donald Eberle	4080 Irana0000 ( ±102	circle	Bradenton, FL 34209	
SD Linda Lahay	4080 Fronwood # 505	circle	Bredenton, FL 34209	
TD Russell Lundstro	m 4080 Ironwood CI	rcle	Bradenton, FL 34209	
D Thomas Gigliot		#203 Fromwood Circle  #203 Fromwood Circle  Reventon FL 34209		
		01/18.	0801025008 **297.50	
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 filling 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 contained in Chapter 119, 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: Mayrie J. Peters Manjorie J. Peters 1-15-08 941-794-2041 SIGNATURE: Mayrie J. Peters 1-15-08 941-794-2041 Date Daytime Phone #				