


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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| APPLICATION FOR REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | FILED 97 MAR 10 AM 8:56 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| DOCUMENT # 730499 1. Corporation Name SHADOWLAWN CONDOMINIUM ASSOCIATION INC. | | | | | |
| Principal Place of Business 923 22nd Place Vero Beach, Fl. 32960 | | | Mailing Address 800002110588--9 -03/11/97--01133--014 ***1531.25 ***1531.25 | | |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below. | | | | | |
| 2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country | | 3. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip Country | | 4. Date Incorporation Original To Do Business in Florida 8/21/74 5. FEI Number 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> | |
| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | | | |
| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip | | |
| PRES. | Mario Vincenti <i>D</i> | 923 22nd Pl. Apt. 112 | Vero Beach, Fl. 32960 | | |
| V.P. | Paul Kotosky <i>D</i> | 15 Red Bird Rd. | Stamford, Ct. 06905 | | |
| V.P. | William J. Caporizzo <i>D</i> | 339 Strawberry Hill Ave. | Stamford, Ct. 06902 | | |
| Treas. | Henrietta Slimak <i>D</i> | 923 22nd Pl. Apt. 116 | Vero Beach, Fl. 32960 | | |
| Sec. | Eugene M. Romeo <i>D</i> | 923 22nd Pl. Apt. 220 | Vero beach, Fl. 32960 | | |
| 8. Name and Address of Current Registered Agent Eugene M. Romeo, Sec. 923 22nd Place Apt. 220 Vero Beach, Fl. 32960 | | | | | |
| 9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code <div style="text-align: right;">FL</div> | | | | | |
| 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent <i>Eugene M. Romeo</i> Date 2/21/97 REGISTERED AGENT MUST SIGN | | | | | |
| 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.) | | | | | |
| 12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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>Eugene M. Romeo</i> SIGNATURE M. Romeo, Sec. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Date 2/21/97 Daytime Phone # 321-327-3613 | | | | | |

CR2E040 (12-95)