## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT	DEPARTMENT OF STATE Secretary of State USION OF CORPORATIONS	FILED 07 APR - 2 PH 4: 12
DOCUMENT # 734927  1. Corporation Name Conquistada Condominia XI Assoc Inc		CECKE MARY OF STATE LLAHASSEE, FLORIDA
2. Principal Office Address - No P.O. Box # 1 3. Mailing Office Address   Suite, Apt. #, etc.   Suite, Apt. #,		REINSTATEMENT 05-07
City & State  Stuart Floride Stuart Florida 5.  Zip Country Zip Country		4. Date incorporated or Qualified To Do Business in Florida  5. EEL Number Applied For Not Applied For Not Applied For STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent  Name Camula L' (L'  Street Address (P.O. Box Number is Not Acceptable) (  BOOSE St. UCLE BLUE  Suite, Apt. #, Etc.  City State Zip Codes		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  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 Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
P Leo Restuccia	1800 SE ST. Luc	(303) Cd 1101 + 1 34996
2nd/P Herb Roters	1800SE ST WO	(104) (1)
Treas Barbara Bater	1800 SE ST 14	(300) Stuart Fl 34996
Sect Tia Breeding	1800 SEST. Lu	10100 Stuart F-134996
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 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: Barbare Bacev 3/26 07 (M) 283-5936 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date		