

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUL -6 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 743101

1. Corporation Name

Tiki House Condominium, Inc.

2. Principal Office Address

994 Panama Court

Suite, Apt. #, etc.

1

City & State

Marco Island, FL

Zip

34145

Country

USA

3. Mailing Office Address

994 Panama Court

Suite, Apt. #, etc.

1

City & State

Marco Island

Zip

FL

Country

USA

REINSTATEMENT 88-05

4. Date Incorporated or Qualified
To Do Business in Florida

6/1/78

5. FEI Number

59-1875551

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent 200057476452

Name

William G. Morris, Esq.

Street Address (P.O. Box Number is Not Acceptable)

247 N. Collier Blvd.

Suite, Apt. #, Etc.

202

City

Marco Island

State

FL

Zip Code

34145

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

6/28/05

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	City / State / Zip
P,D	Wilson F. Buchanan	904 Panama Court #1	Marco Island, FL 34145
S,T,D	Katherine A. Buchanan	25575 Arrowhead Drive	Mundelein, IL 60060
D	Elizabeth Cadotte	904 Panama Court, #2	Marco Island, FL 34145

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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wilson F. Buchanan

Date

6/23/05 (847) 9490504

CR2E081 (10/02)