PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB -2 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 747482

1. Corporation Name

PRINCESS ANN CONDOMINIUM ASSOCIATION, INC.

REINSTATEMENT 80-05

2. Principal Office Address	**3.** Mailing Office Address
11025 2nd St East	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Treasure Island , FL	City & State
Zip: 33706 Country: U.S.	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/04/1979

5. FEI Number: ✓ 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

Name: Carol J. Baie

Street Address (P.O. Box Number is Not Acceptable): 13080 90th Ave N

Suite, Apt. #, Etc.:

City: Seminole State: FL Zip Code: 33776

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: Carol J Baie Date: Jan. 24, 2005
REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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	Ms. Renee Rikarts	11245 3rd St E	Treasure Island, FL 33706
VP	Paul Cutting	11025 2nd St E, Apt 3	Treasure Island, FL 33706
S/T	Carol Baie	13080 90th Ave N	Seminole, FL 33776
D	Jeff Freedman	38 Estuary Trail	Clearwater, FL 33759
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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: Carol J Baie 1/24/05 727/397-8001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B