PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR 14 AM 10: 52

SECRETARY STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 751773

1. Corporation Name

Marwick Condominium Association, Inc

REINSTATEMENT 04-06
CR2E081 (12/05)
WDP

2. Principal Office Address 16850 Gulf Blvd.	**3.** Mailing Office Address 9221 Sunflower Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State No. Redington Beach, Fl	City & State Tampa

Zip 33708	Country USA	Zip 33647	Country USA

4. Date Incorporated or Qualified To Do Business in Florida **October 1980**

5. FEI Number 59-2247179   ☐ 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 Samuel J. Perrone

Street Address (P.O. Box Number is Not Acceptable)
9221 Sunflower Drive

Suite, Apt. #, Etc.

City Tampa		State FL	Zip Code 33647

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   Date 3/3/06

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/T/D	Samuel J. Perrone	9221 Sunflower	Tampa, Fl 33647
VP/D	Ellen Schwandt	2841 La Concha	Clearwater, Fl 33762
S/D	Elia Gutierrez	2101 Camp Indianhead Rd.	Land O Lakes, Fl 34639
		5000069538275 04/09/06--01034--020 **183.75	

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: _____ SAMUEL J. PERRONE 3/3/06 813-973-7105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #