

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 JAN 31 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

W 06 900 000 117

DOCUMENT # 753322

1. Corporation Name

Cedarwood Terrace Condominium Association, Inc.

2. Principal Office Address

P.O. Box 510272

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box Address

Suite, Apt. #, etc.

City & State

Punta Gorda, FL

City & State

Punta Gorda, FL

Zip

33951-0272

Country

US

Zip

33951-0272

Country

US

200065585612
02/10/06--01072--015 **61.25

REINSTATEMENT 88-06

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

59-2259455

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

Susan LePage, President

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

285 Campinas Street

Suite, Apt. #, Etc.

City

Punta Gorda,

State

FL

Zip Code

33951-0272

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

S. H. LePage

Date

12/26/05

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
Pres	Susan LePage	P.O. Box 510272	Punta Gorda, FL 33951-0272
VP	Juli King	P.O. Box 510272	Punta Gorda, FL 33951-0272
Treas.	Anna Alphonso	P.O. Box 510272	Punta Gorda, FL 33951-0272

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:

S. H. LePage

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/26/05

Date

941-627-9702

Daytime Phone #

B. Mitchell FEB 2 2006