


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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05 JUN 20 PM 2:32

DOCUMENT # 756037

1. Corporation Name

Seminole Oaks Apts. Condominium Assoc.

W05-27429

2. Principal Office Address

9821, 9851, 9881 113th ST. N.
Suite, Apt. #, etc.

3. Mailing Office Address

10825 Seminole BLVD.
Suite, Apt. #, etc.
#1

City & State

Seminole, FL

City & State

LARGO, FL

Zip

33772

Country

USA

Zip

33778

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1-26-81

5. FEI Number

59-2124559

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

Thomas W. KAPPER

100056349501

06/20/05--01050--002 **358.75

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

10825 Seminole BLVD.

Suite, Apt. #, Etc.

#1

City

LARGO

State

FL

Zip Code

33778

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

Thomas W. Kapper

REGISTERED AGENT MUST SIGN

Date

5-19-05

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
DP	Bruce A. Butcher	9851 113 th ST. N. #210	Seminole, FL 33772
DS	Linda Brewer	9851 113 th ST. N. #110	Seminole, FL 33772
D	Valerie Fletcher	9881 113 th ST. N. #215	Seminole, FL 33772
D	SANDY SAINATO	9851 113 th ST. N. #212	Seminole, FL 33772

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:

B. A. Butcher BRUCE A. BUTCHER, PRES.

5-17-05

(727) 398-4833

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #