PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # 76 0 1/6 1. Composation Name 1. Composation Name 1. Composation Name 1. Composation Name 2. Principal Citica Addises. No P.O. 800 # 3. Making Office Address. 3. Sulla, Apt. #, 80c. 2. Sulla, Apt. #, 80c. 3. Sulla, Apt. #, 80c. 4. Date Incorposate or Cualified To 60 Busyman in Florida 2. Sulla, Apt. #, 80c. 4. Date Incorposate or Cualified To 60 Busyman in Florida 2. Sulla, Apt. #, 80c. 4. Date Incorposate or Cualified To 60 Busyman in Florida 2. Sulla, Apt. #, 80c. 5. FET Number 7. Name and Address of Current Registered Agent Name 7. Name and Address of Current Registered Agent 8. Sulla, Apt. #, 81c. 6. Certificate Or Status Desired Decision of the address of Current Registered Agent 7. Name and Address of Current Registered Agent 8. Sulla, Apt. #, 81c. 6. Liberg apparent? The registered which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices which his entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. 8. Names and Street Addresses of Each Officer and/or Decision for Compositions on International Compositions of Section 607 2500 or 617 0503, F.S. 8. Names and Street Addresses of Each Officer and/or Decision Composition on International Compositions of Section 607 2500 or 617 0503, F.S. 8. Names and Street Addresses of Each Officer and/or Decision Registered Agent 8. Superlined Agent 9. Name of Officer and/or Decision Composition on International Compositions of Section 607 2500 or 617 0503, F.S. 18. Superlined Agent 19. Superlined Agent	CORPORATION REINSTATEMENT	Secretary of State		II .	08 FEB -7 AM 10: 35	
Suite. Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida. Og Ja. / 98/ Ja	DOCUMENT # 760116 1. Corporation Name TWIN ROSE III Condominium No WIN ROSE III Condominium No 16/3 ASEACIOTION, INC			ĭÅl	LORETARY OF STATE LIAHASSEE, FLORIDA	
City & State Ci	1324W 43 Place \$2	IN 43 PLACE \$2 1324 W43PLACE \$2		CR2E081 (12/07)		
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20 Country 330/2 2/5A 330/2 2/5A 6-CERTIFICATE OF STATUS DESIRED X	City & State	City & State HTALEAD.	FL		r Applied For	
Name Name	1 · · ·	7/2 USA Zip Country 21/2 USA			6. CERTIFICATE OF STATUS DESIRED TO \$8.75 Additional Fee required	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) State						
State Zip Code FL 33e/2 8. I, being appoint@ the registered agen) of the above nyn@d corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Addresses of Each Officer and/or Directors Name of Officers and/or Directors Name o	Street Address (P.O. Box Number is Not Acceptable)		2		circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not	
Signature of Registered Agent Personal Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Officers and/or Directors Officer and/or Director				- 		
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip When he demands and the demands of Director of City / State / Zip When he demands and the demands of Director of City / State / Zip 13 24 43 Aurest Address of Each Officer and/or Director Address of Each Officer and/	Signature of Registered Agent Date 1/21/08					
Officer and/or Directors Officer and/or Director Officer and/or Director Officer and/or Director Officer and/or Director Other Anni Baryodex IB 24W 43 Anne 42 And Ed. FC. 33012 And Ed. FC. 33012 Oz. Trob-01014-022 **1461.25 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 filling 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: Officer and/or Director Apach State / 219 Apach F.C. 33012 Oz. 07708-01014-022 **1461.25	9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must fist at least 3 directors)					
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