


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 2008-2015		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 764801			
1. Corporation Name The Martha Washington Condominium Association, Inc.			
2. Principal Office Address - No P.O. Box # 6960 Bonneval Road Suite, Apt. #, etc. Suite 302 City & State Jacksonville, FL Zip 32216 Country USA		3. Mailing Office Address 6960 Bonneval Road Suite, Apt. #, etc. Suite 302 City & State Jacksonville, FL Zip 32216 Country USA	
		4. Date Incorporated or Qualified To Do Business in Florida 09/01/1982	
		5. FEI Number 200119039	
		Applied For <input checked="" type="checkbox"/> Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED No	
		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name Kim Balaskiewicz Street Address (P.O. Box Number is Not Acceptable) 6960 Bonneval Road Suite, Apt. #, Etc. Suite 302 City Jacksonville State FL Zip Code 32216			
200272268262 05/15/15--01001--018 **\$1.25 200272268262 04/27/15--01041--012 **\$03.75			
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 <i>Kim Balaskiewicz</i> Date 4/21/2015 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
P	Ben Pratt	6960 Bonneval Road Ste 302	Jacksonville, FL 32216
V	Wade Griffin	6960 Bonneval Road Ste 302	Jacksonville, FL 32216
S	Brenda Kelly	6960 Bonneval Road Ste 302	Jacksonville, FL 32216
10. E-mail Address: IRichardson@madison-solutions.net (To be used for future annual report notification)			
11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. SIGNATURE: <i>Benjamin Pratt</i> Date 4/21/2015 904 860 0175 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #			