PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 AUG 11 AM 8:00

DOCUMENT # 767367

1. Corporation Name
Rio Del Mar Condominium No. Five Association Inc.

REINSTATEMENT 03-04
-200040083202
-08/11/04--01024--003 **297.50 MRS

2. Principal Office Address	**3.** Mailing Office Address
112-C Rio Del Mar	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Augustine Florida	City & State
Zip: 32080 Country: U.S.A	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 3.9.1983

5. FEI Number 59-2345323 ☐ 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: Annesa D. Lauer

Street Address (P.O. Box Number is Not Acceptable): 112 - C Rio Del Mar

Suite, Apt. #, Etc.:

City: St. Augustine State: FL Zip Code: 32080

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: Annesa Denune Lauer Date: 7/29/04
REGISTERED AGENT MUST SIGN

CR2E061 (01/04)

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
D P	Annesa D. Lauer	112-C Rio Del Mar	St. Augustine Fla 32080
D V	Ricky G. Bennett	5367 3rd Street	St. Augustine Fla 32080
D T	James W Lauer	2 A Street	St. Augustine Fla 32080
D S	Slone C. Bennett	5367 3rd Street	St. Augustine FLA 32080

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: Annesa D Lauer 7/29/04 (904) 471-5865
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #