PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 7 68 / 28

Perico Island Patio Homes Condominium Association, Section III, Inc.

3. Mailing Office Address 2. Principal Office Address Same c/o Harmony Management Suite, Apt. #, etc. Suite, Apt. #, etc. 4400 El Conquistador Pkwy. City & State City & State Bradenton, FL Country Zio Country 34210

FILED

03 JUN -4 PM 4: 36

SECRETARY OF STATE TALLAHASSEE, FLORIDA

700020936837 /17/03--01065--018 **918,75

4. Date incorporated or Qualified 10/22/1982 To Do Business in Florida Applied For Not Applicable

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Harmony Management (Anna Kelly)

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

4400 El Conquistador Pkwy., Stes. 4-8

Suite, Apt. #, Etc.

Bradenton

Zip Code State 342310

8. I, being appointed the registered agent of the above named cooppration, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SHOW

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of Officers and/or Directors Titles City / State / Zip D Bradenton, FL 34209 Roger Domme, President 11103 Belle Meade Ct D Bradenton, FL 34209 11110 Belle Meade Ct Neal Finelli, Vice Pres Bradenton, FL 34209 D Pat Farragher, Treasurer 11214 Veranda Court Henry Becker, Secretary 11009 Peach Point Ct Bradenton, FL 34209 Bradenton, FL 34209 Roger Scott, Dir.@Large | 11202 Longwood Court

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.

KOCER B. DOMME 5-30-03 941-761-008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 11