

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherin Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR 26 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 769027

1. Corporation Name

CARROLLBROOK LAKESIDE CONDOMINIUM ASSOCIATION INC

2. Principal Office Address

University Properties Inc

Suite, Apt. #, etc.

7001 Temple Terrace Hwy

City & State

Temple Terrace, Fl

Zip

33637

Country

USA

3. Mailing Office Address:

University Properties Inc

Suite, Apt. #, etc.

7001 Temple Terrace Hwy

City & State

Temple Terrace, Fl

Zip

33637

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06-21-1983

5. FEI Number

59-2336426

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

Richard P. Bailey

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

7001 Temple Terrace Hwy

Suite, Apt. #, Etc.

City

Temple Terrace

State
FL

Zip Code **33637**

000004133560-2

05/11/01-01002-004

****297.50 ****297.50

REINSTATEMENT

00-01

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

Richard P. Bailey

REGISTERED AGENT MUST SIGN

Date **2-23-01**

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
PD	ANTHONY CINELLI	10455 Carrollbrook Circle #114	TAMPA FL 33618
UPD	LINDA ARCHAMBEAU	10443 Carrollbrook Ct #125	TAMPA FL 33618
SD	Betty Bassill	10415 Carrollbrook Ct. #107	TAMPA FL 33618
TD	STEVE STEVENS	10443 Carrollbrook Ct. #224	TAMPA FL 33618
D	LIZ CARTER	10485 Carrollbrook Circle #121	TAMPA FL 33618

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: *Anthony Cinelli*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Anthony
Cinelli**

Date

x Feb 26 01

Daytime Phone #

813 932 9869

CR2E081 (9/00)