

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -7 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H22784

1. Corporation Name

CONDOMINIUM MANAGERS, INC.

2. Principal Office Address

745-12th Avenue South

Suite, Apt. #, etc.

Suite-AA

City & State

Naples, FL

Zip

34102

Country

USA

3. Mailing Office Address

853 Vanderbilt Beach Rd.

Suite, Apt. #, etc.

#203

City & State

Naples, FL

Zip

34108

Country

USA

06/09/03 DIUSS OIS 300
600035763316
05/07/04--01073--014 **150.00

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

9/26/84

5. FEI Number

65-0901325

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

Myron Pederson

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

853 Vanderbilt Beach Rd.

Suite, Apt. #, Etc.

#203

City

Naples

State

FL

Zip Code

34108

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

Myron Pederson
REGISTERED AGENT MUST SIGN

Date 4/30/04

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 |
|--------|--------------------------------------|---|--------------------|
| P/D | Myron Pederson | 853 Vanderbilt Beach Rd #203 | Naples, FL 34108 |
| VP/D | Brenda Pederson | 853 Vanderbilt Beach Rd #203 | Naples, FL 34108 |
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REINSTATEMENT 02-04

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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04
Date

239 262 5057
Daytime Phone #