PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 FEB 12 PM 4:00

DOCUMENT # N00000006587

1. Corporation Name

TRUMAN GARDENS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
912 TRUMAN AVE. KEY WEST FL 33040	912 TRUMAN AVE. KEY WEST FL 33040

REINSTATEMENT 01-02

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/02/2000

5. FEI Number: "APPLIED FOR" ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	MARKUS, LAURA	218 WHITEHEAD STREET	KEY WEST FL 33040
DVT	MARKUS, DONALD	218 WHITEHEAD STREET	KEY WEST FL 33040
DS	DEMCHAK, MICHAEL	218 WHITEHEAD STREET	KEY WEST FL 33040

700005025887--3
-02/28/02--01026--003
****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
ALLISON, III, JOHN R 100 SE SECOND ST., #3350 MIAMI FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State FL / Zip Code

CR2E040 (8/01)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 607.0505, F.S.

Signature of Registered Agent _____ Date 11/15/02

REGISTERED AGENT MUST SIGN

Return to Andy for refund $452.50

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this reinstatement application, the reason for dissolution has been eliminated, the corporation's name complies with 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 application comply with 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: _____ Michael Demchak 10/4/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #