PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 29 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000001233

1. Corporation Name

NATURES LANDING CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
EAST END OF 3RD ST. CEDAR KEY FL 32625	EAST END OF 3RD ST. CEDAR KEY FL 32625

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. 7041 Depot Street	Suite, Apt. #, etc. P.O. Box 1014
City & State Cedar Key, FL	City & State Cedar Key, FL
Zip 32625 Country USA	Zip 32625 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 02/21/2001

5. FEI Number 04-3707026 ~~04-3707026~~ ☐ 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	TAYLOR, RONNIE F	16333 ANDREWS CIR.	CEDAR KEY FL 32625
DST	TAYLOR, BARBARA D	16333 ANDREWS CIR.	CEDAR KEY FL 32625
DV	SANDERS, KEN	16317 ANDREWS CIR.	CEDAR KEY FL 32625

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8. Name and Address of Current Registered Agent

TAYLOR, RONNIE F
16333 ANDREWS CIRCLE
CEDAR KEY FL 32625

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State FL | Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent RONNIE F. TAYLOR SIGNATURE REQUIRED Date Oct. 28, 2002

REGISTERED AGENT MUST SIGN

11. 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: Ken Sanders SIGNATURE REQUIRED 10/22/02 352-543-9228

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

NATURES LANDING CONDOMINUM ASSOCIATION, INC.
7041 Depot Street
P.O. Box 1014
Cedar Key, Florida 32625
Ph (352) 543-9161

October 27, 2002

DIVISION OF CORPORATIONS
P. O. Box 6327
Tallahassee, Florida 32314

Ref: Natures Landing Condominium Association, Inc.
Application for Reinstatement

Dear Sir or Madam:

The corporation has not received any "uniform business report (UBR) notices".

Attached are the completed application for reinstatement and a check for $61.25.

Sincerely,

Ken Sanders
Vice-President
Natures Landing Condominium Association, Inc.