

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT.**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 13 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000004128

1. Corporation Name

DEVONSHIRE OF MADEIRA I
Condominium Association, Inc.

2. Principal Office Address

225 ~~MA~~ 140th AVE

Suite, Apt. #, etc.

A

City & State

MADEIRA BCH, FL

Zip

33708

Country

Pinellas

3. Mailing Office Address

225 ~~MA~~ 140th AVE

Suite, Apt. #, etc.

A

City & State

MADEIRA BEACH, FL

Zip

33708

Country

Pinellas

4. Date Incorporated or Qualified
To Do Business in Florida

6/11/01

5. FEI Number

01-0718326

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

ERIKA M. FRANCIS

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

225 ~~MA~~ 140th AVE

Suite, Apt. #, Etc.

A

City

MADEIRA BEACH

State

FL

Zip Code

33708

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

[Signature]

Date 12-5-04

REGISTERED AGENT MUST SIGN

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
	DIANE SPINNATO	225-B 140 th AVE	MADEIRA BCH, FL 33708
VP	ERIKA FRANCIS	225-A 140 th AVE	MADEIRA BCH, FL 33708

200043369452
12/13/04--01062--010 **122.50

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-5-04

Daytime Phone #

727-641-9184

CR2ED01 (01/04)

December 8, 2004

To whom it may concern,

I am writing this letter to make you aware that no one in our current association received the corporation reinstatement form for 2003 or 2004. Therefore, I on behalf of the existing corporation ask you to kindly waive the reinstatement fee of \$175.

Enclosed is a check for \$122.50 as required by the State of Florida.

If I may be of further assistance in this matter, please do not hesitate to contact me.

Professionally yours,

A handwritten signature in black ink, appearing to read 'E. Francis', with a long, sweeping horizontal line extending to the right.

Erika M. Francis, MD
Vice President, Devonshire of Madeira I
225-a 140th ave
Madeira Beach, Fl 33708