PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS DOCUMENT # NO 100000 4375 1. Corporation Name EL NIDO CONDOMINIUM ASSECIATION, INC W08-96437 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 1483 CHESATEAKE AVE 720 Saratuga A 19	09 JAN 23 PM 2: 15 SECRETARY OF STATE TALLAHASSEE, FLORIDA 300139203993 12/22/0801052013 **175.00 REINSTATEMENT 05-08
Suite, Apt. #, etc. UNIT #3 City & State NAPLES, FL Zip Country Country Country Country Country Country PSIA9 Country Country PSIA9 Country Suite, Apt. #, etc. Apt. V-207 City & State SAN JOSE, CA Zip Country 95129 USA	4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number O1 - 06 21190 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED S8 75 Additional Fee required for a Certificate of Status
Name JORDAN FACTOR Street Address (P.O. Box Number is Not Acceptable) 1483 CHESAPEARE AVENUE Suite, Apt. #, Etc. UNIT #3 City NAPLES, State Zip Code FL 34/02	The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.
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 Date 12/16/08 Date 12/16/08	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least Titles Name of Street Address of Each Officers and/or Directors Officer and/or Directors	
PRES DONALD NUERAY 1485 CHESAVEAKE A	NE #4 NATPLES FL 34102
V DAVID LADIC 1487 CHESAPEHRE AVE #Z NAPLES, FL 34102	
T JORDAN FACTOR 1483 CHESAVEAUX	AVE #3 NAPLES, FL 34102
REINSTATEMENT	300139203993 01/27/0901005018 **140.00
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 filling 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 contained in Chapter 119, 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 Jordan Factor Daylime Phone *	