PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUL -3 PM 2:21

REINSTATEMENT 02-03

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7/18/02 90125 004 #61.25

DOCUMENT # N01000008244

1. Corporation Name

DEVONSHIRE OF MADEIRA II CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address		**3.** Mailing Office Address	
5200 Central Avenue		5200 Central Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
St. Petersburg, FL		St. Petersburg, FL	
Zip	Country	Zip	Country
33707		33707	

4. Date Incorporated or Qualified To Do Business in Florida 11/19/2001

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
Peter D. Graham

Street Address (P.O. Box Number is Not Acceptable)
5200 Central Avenue

Suite, Apt. #, Etc.

City	State	Zip Code
St. Petersburg	FL	33707

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 Peter D Graham Date 6.30.03
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
D	Thomas W. Boyer	P.O. Box 86798	Madeira Beach, FL 33738
D	Peter D. Graham	5200 Central Avenue	St. Petersburg, FL 33707
D	Crystal Gnidovec	5200 Central Avenue	St. Petersburg, FL 33707

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: Peter D Graham PETER D GRAHAM 6.30.03 727-328-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #