PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 MAY 23 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N01253

1. Corporation Name

STELLA MARIS CONDOMINIUM ASSOCIATION INC

REINSTATEMENT 98-02

2. Principal Office Address	**3.** Mailing Office Address
PROFESSIONALLY YOURS INC	PROFESSIONALLY YOURS INC
Suite, Apt. #, etc.: 1342 SE 46th LANE	Suite, Apt. #, etc.: PO BOX 100831
City & State: CAPE CORAL FL	City & State: CAPE CORAL FL
Zip: 33904 Country: US	Zip: 33910 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 02/06/1984

5. FEI Number: 59-2531508 ☐ 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: OLSON, BARBARA 420.00 - Adm

Street Address (P.O. Box Number is Not Acceptable): PROFESSIONALLY YOURS INC 61.25 - AR

Suite, Apt. #, Etc.: 1342OSE146TH LANE #3

City: CAPE CORAL State: FL Zip Code: 33904

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: Barbara A. Olson Date: 5/15/02
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
PD	GARRY, CLODAGH	5255 CORONADO PARKWAY #4	CAPE CORAL FL 33904
STD	FOX, JOEL	5255 CORONADO PARKWAY #1	CAPE CORAL FL 33904
VD	FODDEN, EDIE	5255 CORONADO PARKWAY #10	CAPE CORAL FL 33904

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: E. Fodden 5.21.02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #