## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REIN	RPORATI ISTATEM	IENT			DIV	DEPART Secretary	ry of S			08 DEC -	_	1 3: 12	
DOCUMENT # N0200008583  1. Corporation Name										SECRETARY OF STATE TALLAHASSEE, FLORIDA			
MANATEE KEY PROPERTY OWNERS ASSOC										ICTATEMEN	NT	An ns	
2. Principa	al Office Addre	ess - No	P.O. E	jox #	3. Mailing C	Office Addre	SS		- DEIIA	ISTATEMEN	<b>\</b>	01-00	
3721 N	NYACK I	L <u>N</u>			PO BO	PO BOX 541359				CR2E081 (	(10/08)		
Suite, Apt. #, etc.					Suite, Apt. #,	Suite, Apt. #, etc.				4. Date Incorporated or Qualified To Do Business in Florida 1 1/07/2002			
City & State					City & State				5. FEI Numbe				
	NACRE				<del></del>	LAKE WORTH, FL				80-0062631 Not Applicable			
<sup>Zip</sup> 33463	63			<sup>Zip</sup> 33454-1	359	Coun	itry	6. CERTIFICATE	E OF STATUS DESIRED 🗸		Additional Fee required Certificate of Status		
7. Name and Address of Current Registered Agent													
Name FERNA	ANDO F	:ERN	AN[	DEZ					_	The reinstatement fee is imposed, except in circumstances which the entity did not receive			
Street Address (P.O. Box Number is Not Acceptable)								the pri	ior notices. By che	ecking	this box, you		
3721 NYACK LANE Suite, Apt. #, Etc.								receive	ertifying the priored and requesting waived.		The state of the s		
City GREE	NACRES	s <u>,                                     </u>					State <b>FL</b>	Zip Code 33463	166 00	waiveu.			
8. I, being	appointed the	e registen	red age	ent of the ab	ove named corpr	oration, am f	familiar	with and accept the c	obligations of secti	ion 607.0505 or 617.0503	3, F.S.		
Signature of Registered Agent REGISTERED AGENT MUST SIGN										Date 11/10/08	8		
9. Names	s and Street A	ddresses	s of Ea	ch Officer ar	nd/or Director (FI	orida nonpro	ofit corp	orations must list at is	east 3 directors)				
Titles	Name of Officers and/or Directors				,	Street Address of Each Officer and/or Director			<u>.</u> ≯h	City / State / Zip			
P&D	FERNANDO FERNANDEZ					PO BOX 541359				LAKE WORTH, FL 33463			
S	GUISE	GUISELA OBANDO					OX 5	541359		LAKE WORTH, FL 33463			
Т	BARNE	EY LC			PO BOX 541359				LAKE WORTH, FL 33463				
										  D138956 <del>  080102700</del>			
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									12/11/	<del>10138950</del> 1080102700	<del>ے دار</del> * 36	*8.75	
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: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR									//- 10	1- 2008 51		9 -5939 Phone #	