

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUL 25 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000008800

1. Corporation Name
THE BLAIKIE COURT COMMERCE CENTER
CONDOMINIUM ASSOCIATION, INC.

| | | | |
|---|----------------|---|----------------|
| 2. Principal Office Address 8132 BLAIKIE CT Suite, Apt. #, etc. | | 3. Mailing Office Address 8132 BLAIKIE CT Suite, Apt. #, etc. | |
| City & State SARASOTA FL | | City & State SARASOTA FL | |
| Zip 34240 | Country USA | Zip 34240 | Country USA |

4. Date Incorporated or Qualified To Do Business in Florida 11.13.02

5. FEI Number 05-116804
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
SUSAN KARA

Street Address (P.O. Box Number is Not Acceptable)
8132 BLAIKIE CT.

Suite, Apt. #, Etc.

City
SARASOTA

State
FL

Zip Code
34240

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 *Susan Kara* Date 07/20/05
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 |
|--------|-----------------------------------|--|---|
| P/D | RICHARD MAGLICH | 5225 RIVERWOOD AVENUE | SARASOTA FL 34231 |
| V/D | GILBERT SHARELL | 8120 BLAIKIE CT | SARASOTA FL 34240 |
| S/T/D | SUSAN KARA | 8132 BLAIKIE CT | SARASOTA FL 34240 |
| | | | 500057864675 07/25/05--01069--001 **297.50 |

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: *Susan Kara* SUSAN KARA Date 07/20/05 944-378-8881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/05)