

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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REINSTATEMENT

04-07

CR2E081 (1/07)

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N02042

1. Corporation Name  
Stickney Point Office Center Condominium Association, Inc.

2. Principal Office Address - No P.O. Box # 2750 Stickney Point Road		3. Mailing Office Address	
Suite, Apt. #, etc. Suite 201		Suite, Apt. #, etc.	
City & State Sarasota, FL		City & State	
Zip 34231	Country Sarasota	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 03/19/1984	
5. FEI Number 59-2420256	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name  
Mary Lynn Desjarlais

Street Address (P.O. Box Number is Not Acceptable)  
2750 Stickney Point Road

Suite, Apt. #, Etc.  
Suite 201


City  
Sarasota

State  
FL

Zip Code  
34231

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.

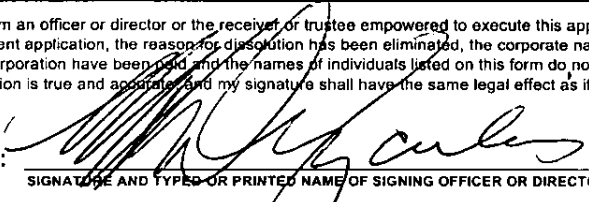
Signature of Registered Agent  Date 2/16/07

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	Raymond L. Profant	2750 Stickney Pt. Rd, Ste 109	Sarasota, FL 34231
T	Mary Lynn Desjarlais	2750 Stickney Pt Rd, Ste 201	Sarasota, FL 34231
S	Diane M. Jardno	2750 Stickney Pt Rd, Ste 206	Sarasota, FL 34231

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 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:  Date 2/16/07 (941) 923-3388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #