1 of 2

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

08 NOV 20 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03000003273

1. Corporation Name

Casa Amelia Townhomes Associates, Inc.

REINSTATEMENT 05-08

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
502 S. Albany Avenue	502 S. Albany Avenue
Suite, Apt. #, etc.: Unit 2	Suite, Apt. #, etc.: Unit 2
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33606 Country: USA	Zip: 33606 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 4/16/2003

5. FEI Number: 55-0842908 ☐ 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: Steven Ashe

Street Address (P.O. Box Number is Not Acceptable): 502 S. Albany Avenue

Suite, Apt. #, Etc.: Unit 2

City: Tampa State: FL Zip Code: 33606

☑ 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: 11/19/08

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/S/T	Steven Ashe	502 S. Albany Avenue, Unit 2	Tampa, FL 33606
VP	Robert J. Farricker	502 S. Albany Avenue, Unit 3	Tampa, FL 33606
VP	Michael McFarland	502 S. Albany Avenue, Unit 4	Tampa, FL 33606

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: _____ Steven Ashe, President 11/19/08 (813) 318-1380

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

Florida Department of State

Division of Corporations

Public Access System

Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

000262.95754

CORPORATION REINSTATEMENT

CASA AMELIA TOWNHOMES ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	~~$420.00~~

$245.00

$175 Reinstatement waived

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