PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2012 APR 27 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # N03000010105

1. Corporation Name

Regatta Beach Club Condominium Association, Inc.

C/O RESOURCE PROPERTY MANAGEMENT

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
7300 PARK BLVD	7300 PARK BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SEMINOLE, FL	City & State: SEMINOLE, FL
Zip: 33777 Country: U.S.	Zip: 33777 Country: U.S.

4. Date Incorporated or Qualified To Do Business in Florida: 11-19-03

5. FEI Number: 331077372 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: ~~MICHAEL J. BRUDNY, ESQ~~ Taylor & Carls, P.A.

Street Address (P.O. Box Number is Not Acceptable): 200 PINE AVENUE NORTH

Suite, Apt. #, Etc.: SUITE A

City: OLDSMAR State: FL Zip Code: 34677

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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: Michael J. Brudny, Esq. for Taylor & Carls, P.A. Date: 4/12/12

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	JIM LAUDON	880 MANDALAY AVE # 313	CLEARWATER, FL 33767
VP	JO CARBONE	2478 COUNTRY CLUB DR	CLEARWATER, FL 33761
T	BOB O'REILLY	698 ECHO DRIVE	OTTAWA ONTARIO CANADA, K1S1P3
S	GALINA KOGAN	880 MANDALAY AVE #N-810	CLEARWATER, FL 33767
D	FRANK GERACE	9509 MALLORY Rd	NEW HARTFORD, NY 13413

10. E-mail Address: RBCC.RESOURCEPROPERTYMGMT.COM
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ 4/16/2012

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