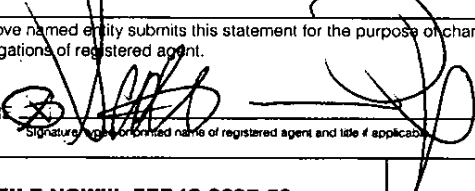
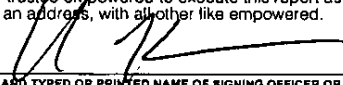


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000008184 1. Entity Name THE HIBISCUS CONDOMINIUM ASSOCIATION OF BRADENTON BEACH, INC.																																																																																																															
Principal Place of Business 109 5TH ST SOUTH BRADENTON BEACH, FL 34217 US		Mailing Address 5708 MANATEE AVENUE WEST BRADENTON, FL 34209 US																																																																																																													
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip		3. Mailing Address PO Box 49586 Suite, Apt. #, etc. SARASOTA, FL City & State 34230 Zip SARASOTA Country																																																																																																													
																																																																																																															
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		4. FEI Number 20-2007228 Applied For Not Applicable																																																																																																													
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																																																																													
6. Name and Address of Current Registered Agent BYRNE, ROBERT 5708 MANATEE AVENUE WEST BRADENTON, FL 34209		7. Name and Address of New Registered Agent - Name Scott W. Dunlap Esq. Street Address (P.O. Box Number is Not Acceptable) 1999 Main St. #700 City Sarasota FL Zip Code 34236																																																																																																													
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 3/26/08 (NOTE: Registered Agent signature required when reinstating)																																																																																																															
FILE NOW!!! FEE IS \$297.50		Make check payable to Florida Department of State																																																																																																													
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:  3/26/08 941-587-9000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																															