
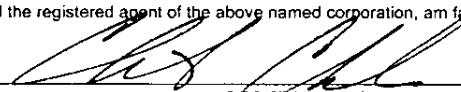
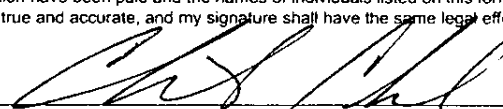


<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		FILED 07 MAR 30 AM 10: 01 TALLAHASSEE, FLORIDA																					
<b>DOCUMENT #</b> N04 00000 9780																									
<b>1. Corporation Name</b>  W Flats Condominium Association, Inc.																									
<b>2. Principal Office Address - No P.O. Box #</b> 405 Central Avenue			<b>3. Mailing Office Address</b> 405 Central Avenue																						
Suite, Apt. #, etc. Suite 100			Suite, Apt. #, etc. Suite 100																						
City & State St. Petersburg, FL			City & State St. Petersburg, FL																						
Zip 33701	Country Pinellas	Zip 33701	Country Pinellas																						
<b>7. Name and Address of Current Registered Agent</b>				<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 10/15/2004																					
Name Sanders, Christopher C.				<b>5. FEI Number</b> N/A <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																					
Street Address (P.O. Box Number is Not Acceptable) 2958 1st Avenue North				<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status																					
Suite, Apt. #, Etc.				<input checked="" type="checkbox"/> 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.																					
City St. Petersburg		State FL																							
Zip Code 33713																									
<b>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.</b>																									
Signature of Registered Agent 				Date 3/28/07																					
REGISTERED AGENT MUST SIGN																									
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>																									
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 10%;">Titles</th><th style="width: 30%;">Name of Officers and/or Directors</th><th style="width: 30%;">Street Address of Each Officer and/or Director</th><th style="width: 30%;">City / State / Zip</th></tr></thead><tbody><tr><td>PD</td><td>Walker, Joel</td><td>2680 Anchor Watch Drive</td><td>Wadmalaw Island, SC 29487</td></tr><tr><td>D</td><td>Sanders, Christopher C.</td><td>2958 1st Avenue North</td><td>St. Petersburg, FL 33713</td></tr><tr><td>STD</td><td>Walker, Mary C.</td><td>2680 Anchor Watch Drive</td><td>Wadmalaw Island, SC 29487</td></tr><tr><td colspan="4" style="height: 40px; vertical-align: bottom; text-align: center;">\$24.75</td></tr></tbody></table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	PD	Walker, Joel	2680 Anchor Watch Drive	Wadmalaw Island, SC 29487	D	Sanders, Christopher C.	2958 1st Avenue North	St. Petersburg, FL 33713	STD	Walker, Mary C.	2680 Anchor Watch Drive	Wadmalaw Island, SC 29487	\$24.75			
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3100035398503 04/08/07--01039--014 **183.75																									
<b>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.</b>																									
<b>SIGNATURE:</b> 				Date 3/28/07																					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #																					