


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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DOCUMENT # **ND5000006434**

1. Corporation Name

**DFM CENTRE PARK 1 CONDOMINIUM  
ASSOCIATION, INC.**

2. Principal Office Address - No P.O. Box #

**7207 21<sup>ST</sup> ST E**

Suite, Apt. #, etc.

City & State

**SARASOTA, FL**

Zip

**34243**

Country

**U.S.**

3. Mailing Office Address

**7207 21<sup>ST</sup> ST E**

Suite, Apt. #, etc.

City & State

**SARASOTA, FL**

Zip

**34243**

Country

7. Name and Address of Current Registered Agent

Name

**BRUCE G. CRINKLEY**

Street Address (P.O. Box Number is Not Acceptable)

**7207 21<sup>ST</sup> ST E**

Suite, Apt. #, Etc.

City

**SARASOTA**

State

**FL**

Zip Code

**34243**

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



REGISTERED AGENT MUST SIGN

Date **7-15-08**

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
DIR	BRUCE G. CRINKLEY	7207 21 <sup>ST</sup> ST E	SARASOTA, FL 34243
DIR	JAVIER MUNIVIZ	7213 21 <sup>ST</sup> ST E	SARASOTA, FL 34243
DIR	CANDACE CARLUCCI	7207 21 <sup>ST</sup> ST E	SARASOTA, FL 34243

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

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**7-15-08**

Daytime Phone #

**941-809-6127**

FILED

08 JUL 18 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400133267944  
07/22/08--01013--004 \*\*358.75

REINSTATEMENT

CR2E081 (12/07)

**06-08**

4. Date Incorporated or Qualified  
To Do Business in Florida

**06-21-05**

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☐ 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.

7/21/08