
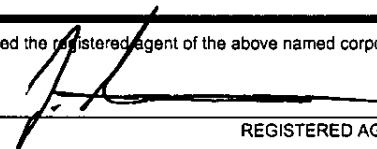
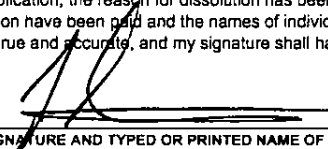


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA 09 FEB -3 PM 1:47 REINSTATEMENT 07-09ks CR2E081 (12/08)	
DOCUMENT # N05000008860				
1. Corporation Name Maison Sur Duval Condominium Association, Inc.				
2. Principal Office Address - No P.O. Box # 2400 N. Commerce Parkway		3. Mailing Office Address 2400 N. Commerce Parkway		
Suite, Apt. #, etc. 200		Suite, Apt. #, etc. 200		
City & State Weston, Florida		City & State Weston, Florida		
Zip 33326	Country USA	Zip 33326	Country USA	
7. Name and Address of Current Registered Agent		4. Date Incorporated or Qualified To Do Business in Florida August 26, 2005		
Name Jiju Jacob		5. FEI Number 94-3463902		
Street Address (P.O. Box Number is Not Acceptable) 2400 N. Commerce Parkway		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
Suite, Apt. #, Etc. 200		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		
City Weston		State FL		
		Zip Code 33326		
<input 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. 400142738704 02/03/09--01020--033 **358.75				
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 1-28-2009		
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	
Pres	Bruce M. Keir	2400 N. Commerce Pkwy, Suite 200	Weston, Florida 33326	
VP	Bruce K. Lundgren	2400 N. Commerce Pkwy, Suite 200	Weston, Florida 33326	
T/S	Jiju Jacob	2400 N. Commerce Pkwy, Suite 200	Weston, Florida 33326	
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: 		Date 1-28-2009 (454)377-0917		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #		