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

DOCUMENT # N05000008860

1. Corporation Name

Maison Sur Duval Condominium Association, Inc.

REINSTATEMENT 07-09KS
CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
2400 N, Commerce Parkway		2400 N, Commerce Parkway	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
200		200	
City & State		City & State	
Weston, Florida		Weston, Florida	
Zip	Country	Zip	Country
33326	USA	33326	USA

4. Date Incorporated or Qualified To Do Business in Florida: August 26, 2005

5. FEI Number: 94-3463902 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Jiju Jacob

Street Address (P.O. Box Number is Not Acceptable): 2400 N. Commerce Parkway

Suite, Apt. #, Etc.: 200

City: Weston | State: FL | Zip Code: 33326

☐ 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.

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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: _____ 1-28-2009 (954)377-0917

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