

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 01-02

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05978

1. Corporation Name
Seascope Condominium Association, Inc

2. Principal Office Address
5148 SE Seascope Way
Suite, Apt. #, etc.

3. Mailing Office Address
969 SE Federal Hwy
Suite, Apt. #, etc.
Suite 401

City & State
Stuart, FL

City & State
Stuart, FL

Zip
34997

Country

Zip
34994

Country

4. Date Incorporated or Qualified To Do Business in Florida
11/02/1984

5. FEI Number
59-2785400

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
Diane Harrison

Street Address (P.O. Box Number is Not Acceptable)
969 SE Federal Hwy

Suite, Apt. #, Etc.
Suite 401

City
Stuart

State
FL

Zip Code
34994

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
Diane Harrison

REGISTERED AGENT MUST SIGN

Date
8/15/02

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 |
|--------|-----------------------------------|--|--------------------|
| P, D | Marie LoMonaco | 5160 SE Seascope Way | Stuart, FL 34997 |
| VP, D | George Parsons | 5200 SE Seascope Way | Stuart, FL 34997 |
| T, D | James Shenus | 5240 SE Seascope Way | Stuart, FL 34997 |
| S, D | Maureen Radtke | 5380 SE Seascope Way | Stuart, FL 34997 |
| D | James Beagle | 5390 SE Seascope Way | Stuart, FL 34997 |
| D | Helen Hilly | 5330 SE Seascope Way | Stuart, FL 34997 |

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 under section 119.07(3)(i), 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: *Marie LoMonaco Pres* 8/16/02

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

CR2E061 (8/01)