



2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
06 MAR -6 PM 4:35
SULLY STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000000966 1. Entity Name GULF REACH CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 3511 EEB PIXEZ TEBBTPLB!QM45342	Mailing Address 3511 EEB PIXEZ TEBBTPLB!QM45342
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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 02012006 REIN-NP CR2E099 (11/05) 05-06
REINSTATEMENT
 4. FEI Number **72-1587056** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent HUGHES, HELEN 2400 ADAGIO WAY SARASOTA, FL 34234	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7788 ANDORA DR. City SARASOTA FL Zip Code 34238
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ADDRESS CHANGE ONLY →

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUGHES, HELEN 2400 ADAGIO WAY SARASOTA, FL 34234	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete ADDRESS CHANGE ONLY → 7788 ANDORA DR. SARASOTA FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS COLOSIA, ALYSON 2400 ADAGIO WAY SARASOTA, FL 34231	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete ADDRESS CHANGE ONLY → 7788 ANDORA DR. SARASOTA FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COLOSIA, JAVIER 2400 ADAGIO WAY SARASOTA, FL 34231	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete ADDRESS CHANGE ONLY → 7788 ANDORA DR. SARASOTA FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400067887864 03/15/06--01011--004 **122.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Date: Feb 23, 2006 Daytime Phone #: 941-870-4848