PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

FILED

2012 OCT 23 PM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06000002263

1. Corporation Name

Palma Ceia Gardens Condominium Association, Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
3206 West Azeele Street		5439 Beaumont Center	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 1000	
City & State: Tampa, FL		City & State: Tampa, FL	
Zip: 33609	Country: USA	Zip: 33634	Country: USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business In Florida: 02/28/2006

5. FEI Number: 20-8490193 ☐ 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: Rory B. Weiner, P.A.

Street Address (P.O. Box Number is Not Acceptable): 671 W. Lumsden Road

Suite, Apt. #, Etc.:

City: Brandon | State: FL | Zip Code: 33511

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10/23/12--01020--026 **236.25

REINSTATEMENT

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: 10-12

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
President	Neil Gholson	5439 Beaumont Center, Ste. 1000	Tampa, FL 33634
VP	Emad Sultanem	5439 Beaumont Center, Ste. 1000	Tampa, FL 33634
VP	Clayton Raffield	5439 Beaumont Center, Ste. 1000	Tampa, FL 33634

10. E-mail Address: neilgholson@ltc-fs.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ NEIL GHOLSON 10-5-12

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

CC Williams OCT 24 2012 813-817-8200