

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N06000010252		
1. Corporation Name Terraverde 30 Condominium Assoc. Inc		



2. Principal Office Address - No P.O. Box # 3364 Cleveland Ave	3. Mailing Office Address Suite, Apt. #, etc.		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State Fort Myers, FL	City & State FL		
Zip 33901	Country USA	Zip	Country

7. Name and Address of Current Registered Agent			
Name Capital Properties Group			
Street Address (P.O. Box Number is Not Acceptable) 3364 Cleveland Ave			
Suite, Apt. #, Etc			
City Fort Myers, FL	State FL	Zip Code 33901	

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
REGISTERED AGENT MUST SIGN
Date 2/18/10

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	Jon Zmich	1206de Terraverde Ct 1	Fort Myers, FL 33908
V	K. Michael Harkey	8108 Old Hixon Rd #102 26719 Pleasant Park Rd Suite 200	Tampa, FL 33626
T	Jeff Loggins		Conifer, CO 80433
		2/23	

10. E-mail Address: <u>francapitalprop@embarqmail.com</u> (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., 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.		
SIGNATURE:		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 2/18/10	Daytime Phone #

FILED

10 FEB 22 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02/27/10--01002--022 **183.75

REINSTATEMENT 08-10

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 205685118	Applied For <input checked="" type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

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.