## 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N06000012451  1. Entity Name 514 FRANKLIN STREET CONDOMINIUM ASSOCIATION, INC.			,		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  37 OCT 23 AMII: 17				
Principal Place of Business 518 N TAMPA STREET SUITE 300 TAMPA, FL 33602  Mailing Address 518 N TAMPA STREET SUIT TAMPA, FL 33602			SUITE 30	0					
									))
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			TTILE BINK STUN ESIN			J(( <b>.)</b> () ( <b>.)</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10102007	REIN-NP	CR2	E099 (1/07)		
City & State		City & State		4. FEI Numbe	er		<u>β-3</u> -	oplied For	
Zip	Country Zip Co		Coun	try	5. Certificate	of Status Desired		\$8.75 Add	ditional
	6. Name and Address of Current R	egistered Agent			7. Name and	Address of Nev	v Registere	Fee Require	
				Name					
HICKS, BRENDA DOHRING 518 N TAMPA STREET SUITE 300 TAMPA, FL 33602			-	Street Address	(P.O. Box Number	er is Not Accepta	ible)		
I AIVIPA, FI	L 33002					1			
				City			F	L Zip Code	е
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered	d office or registe	ered agent, or bo	th, in the State of	Florida. I a	m familiar with,	and accept
SIGNATORE .	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE	: Registered	Agent signature requ	ired when reinstating)		DATE		<del></del>
FI	Signature, typed or printed name of registered agent as ILE NOWIII FEE IS \$61.25 nuary 1, 2008, Fee will be \$122.50	In accordant	ce with s	Agent signature requision 607.193(2)(beceive the prior	), F.S., the		Make che	eck payable to artment of Si	
FI	ILE NOW!!! FEE IS \$61.25	In accordance corporation	ce with s	s. 607.193(2)(b eceive the prio	), F.S., the	F	Make che lorida Dep	ck payable to artment of Si	tate
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2. I nereby 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 of trusfee 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 AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR