PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				FILED 10 APR 13 AM 7:53 SECRETARY OF STATE TALLAHASSEE, FLORIDA								
DOCUMENT #N06000012961 1. Corporation Name								T#	ALLAI	HASSEE	FĽ	ORIĐA:		
CASA MONTALTO CONDOMINIUM ASSOCIATION, INC.														
In whendown								. 800175471518 . 04/13/1001003010 **420.00						
2. Principal Office Address - No P.O. Box #			3. Mailing Office Address											
221 W. Oakland Park			P. O. Box 950				RE	$\mathbb{N}_{\mathbb{Z}}$	C RJI	D8 / (1)	NI	07-10		
Suite, Apt. #	•	Blvd.	Suite, Apt. #, etc.				A Dete Incor	norsted	or Ouglifie	n.d.	-			
	d Floor						Date Incorporated or Qualified To Do Business in Florida 9/14/07							
City & State			City & State				5. FEI Numb	er			7	Applied For		
Ft. I	Lauderdale	Ft. Lauderdale, FL Zip Country				27-2312150 Not Applicable								
3331 <i>′</i>	Country 1 US		33302-095	ŀ	у		CERTIFICAT	E OF STA	TUS DESI			tional Fee required tificate of Status		
330.		e and Address of		!		╅								
Name and Address of Current Registered Agent Name							□ Tho re	inetat	ement	foo is im	nnead	eveent in		
Don Mitchell							☐ 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.							
Street Address (P.O. Box Number is Not Acceptable)														
221 W. Oakland Park Blvd. Suite, Apt. #, Etc.														
Third Floor														
City State Zip Code														
re. Bauderdare,														
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 4/9/2010						
		RÈ	GISTERED AGENT MUS	T SIGN										
9. Names	and Street Addresses o	of Each Officer and	or Director (Florida nonp	rofit corpor	ations must list at	t leas	t 3 directors)	,						
Titles	Name of Officers and/or Directors				ach ctor	City / State / Zip								
					33:					3331 <u>1</u> _				
D	Jesse P. (Gaddis	221	W. (Dakland	Pa	ark Bl	∤d	Ft.	Laude	erda	ľe, FL		
D	Susan T. (Caddie	221	W (Dakland	P:	ark Bly	vd.	Ft.	Laude	erda	33311 le. FL		
ט	Susan 1.	Gadars	221	***	Jakiana		ALK DI	<u> </u>	1	Daude	<u> </u>	33311		
D	Michael R. Gaddis			W. (Dakland	Pá	ark Bl	va.	Ft.	Laude	erda			
		- \ n						 						
		9) W	13											
		10-1												
10. E-mail Address: exec221@blserviceinc.com (To be used for future annual report notification)														
11. I certify	that I am an officer or dir	rector or the receive						apter 60	7 or 617, l	F.S. I further	certify t	nat when filing		
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														