PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 05 FEB -9 AT II: 51
DOCUMENT# MOLO 44		SECHALLAR ARE TALLAR
1. Corporation Name Heather Run Condon	minium Association, Inc.	The start of the s
2. Principal Office Address 7507-7521 34 Th Are. West	3. Mailing Office Address 7523 34 Th . Are. West	
Suite, Apt. #, etc.	Suite, Apt. #, etc:	
City 9 Chate	City & State	4. Date Incorporated or Qualified To Do Business in Florida
City & State Bradentar, FL	Bradeston FL	5. FEI Number Applied For Not Applicable
Zip Country 34209 Manake	34209 Country	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City Bradenon State FL Zip Code FL 34205		
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 J. Montemana Pres. REGISTERED AGENT MUST SIGN		
	Nor Director (Florida nonprofit corporations must list at le	· · · · · · · · · · · · · · · · · · ·
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Directo	r City / State / Zip
P/O Helen T. Monte marano 7517 34th. Are. West Bradenton, FL 34205		
V/O Jo Ellyn Watte		ve. West Bradenten, FL 34205
SMO Liddy C. Moo		re. West Bradenbn, FZ 34205
,		700045901977 n2/21/n501011001 ***358.75
		U2/21/05UIBII881 ***556.15
10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: Helen T. Montemarano Helen J. Montemarano 2-4-05 795-7528 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		