

To: 
Subject 000150.97135

From: Ricky Soto

Monday, December 22, 2008 9:27 AM Page: 2 of 2

H08000277791 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																													
DOCUMENT # N07000005672 1. Corporation Name The Place At Channelside Condominium Association, Inc.																															
2. Principal Office Address - No P.O. Box # 912 Channelside Drive Suite, Apt. #, etc.		3. Mailing Office Address 912 Channelside Drive Suite, Apt. #, etc.																													
City & State Tampa, Florida		City & State Tampa, Florida																													
Zip 33602	Country USA	Zip 33602	Country USA																												
4. Date Incorporated or Qualified To Do Business in Florida June 6, 2007																															
5. FEI Number 01-0901199		Applied For ☐ Not Applicable																													
6. CERTIFICATE OF STATUS DESIRED ☒ \$2.75 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.																															
7. Name and Address of Current Registered Agent Name CorpDirect Agents, Inc. Street Address (P.O. Box Number is Not Acceptable) 515 East Park Avenue Suite, Apt. #, Etc. <table border="1"><tr><td>City Tallahassee</td><td>State FL</td><td>Zip Code 32301</td></tr></table>				City Tallahassee	State FL	Zip Code 32301																									
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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. <table border="1"><tr><td>Signature of Registered Agent </td><td>REGISTERED AGENT MUST SIGN Ricky Soto, Asst. Sec.</td><td>Date 12/19/08</td></tr></table>				Signature of Registered Agent 	REGISTERED AGENT MUST SIGN Ricky Soto, Asst. Sec.	Date 12/19/08																									
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9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1"><thead><tr><th>Title</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>P/O</td><td>Robert MacPherson</td><td>Armco Capital, 6017 Quinpool Rd.</td><td>Halifax, Nova Scotia, B3K 5J6</td></tr><tr><td>VP/O</td><td>Gordon Laing</td><td>Southwest Properties, Ltd., 100-1475 Lower Water Street</td><td>Halifax, Nova Scotia, B3J3Z2</td></tr><tr><td>ST/O</td><td>Isaac Hashem</td><td>Southwest Properties, Ltd., 100-1475 Lower Water Street</td><td>Halifax, Nova Scotia, B3J3Z2</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>				Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	P/O	Robert MacPherson	Armco Capital, 6017 Quinpool Rd.	Halifax, Nova Scotia, B3K 5J6	VP/O	Gordon Laing	Southwest Properties, Ltd., 100-1475 Lower Water Street	Halifax, Nova Scotia, B3J3Z2	ST/O	Isaac Hashem	Southwest Properties, Ltd., 100-1475 Lower Water Street	Halifax, Nova Scotia, B3J3Z2												
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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 contained in Chapter 119, 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. <table border="1"><tr><td>SIGNATURE: </td><td>Gordon Laing</td><td>Date Dec. 19, 2008</td><td>Daytime Phone # (902) 422-3321</td></tr></table>				SIGNATURE: 	Gordon Laing	Date Dec. 19, 2008	Daytime Phone # (902) 422-3321																								
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REINSTATEMENT 2008 KS
CR2E081 (10/08)

H08000277791 3

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Monday, December 22, 2008 9:27 AM Page: 1 of 2

Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

000150.97135

CORPORATION REINSTATEMENT

THE PLACE AT CHANNELSIDE CONDOMINIUM ASSOCIATION, IN

Certificate of Status	1
Certified Copy	0
Page Count	02
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