

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 JAN 12 AM 11:23

DOCUMENT # ~~NO800000170~~ - N08000001710

1. Corporation Name

Grand Mariner on Longboat Key Condominium  
Association, Inc.

2. Principal Office Address - No P.O. Box #  
595 Dream Island Road

3. Mailing Office Address  
841 Prudential Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1400

City & State

Longboat Key, FL

City & State

Jacksonville, Florida

Zip

34228

Country

USA

Zip

32207

Country

USA

200165775022  
01/12/10--01003--013 \*\*236.25  
CR25084 (12/08)  
**REINSTATEMENT 2009** KS

4. Date Incorporated or Qualified  
To Do Business in Florida 2/19/2008

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
Nicholas A. Campbell, Esq.

Street Address (P.O. Box Number is Not Acceptable)  
841 Prudential Drive

Suite, Apt. #, Etc.  
Suite 1400

City  
Jacksonville

State  
FL

Zip Code  
32207

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.

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 1/8/2010

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/D	Phyllis P. Nash	100 South Charles Street, 3rd Floor	Baltimore, MD 21201
VP/D	Marnita Davis	100 South Charles Street, 3rd Floor	Baltimore, MD 21201
S/T/D	Susan I. Reif	100 South Charles Street, 3rd Floor	Baltimore, MD 21201

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.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/10

Date

410-547-4002

Daytime Phone #