PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAR 11 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N09880

REINSTATEMENT

1. Corporation Name

Smithbrook Condominium Association, Inc.

2. Principal Office Address	**3.** Mailing Office Address
321 Spanish Gold Lane	P. O. Box 2331
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: North Captiva Island, FL	City & State: Pineland, FL
Zip: 33945 Country: USA	Zip: 33945 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 06/20/1985

5. FEI Number: 59-2550617 ☐ 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: Luis Prats

Street Address (P.O. Box Number is Not Acceptable): 8103 Siquita Dr., NE

500048847195
03/22/05 01025 010 **43.75

Suite, Apt. #, Etc.:

City: St. Petersburg State: FL Zip Code: 33702

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 March 9, 2005

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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	Jeff Henderson	321 Spanish Gold Lane	North Captiva Island, FL 33945
S/T/D	Vicki Mussehl	528 Coral Circle	North Captiva Is., FL 33945
D	Luis Prats	8103 Siquita Dr., NE	St. Petersburg, FL 33702

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: _____, Luis Prats March 9, 2005 813/223-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #