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
11 DEC 15 PM 4:39

DOCUMENT # N10000011581

1. Corporation Name
KIWI CONDOMINIUM ASSOCIATION, INC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1240 Seaway Drive		903 Rosser Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Ft. Pierce, FL		City & State: Winderemere, FL	
Zip: 34949	Country: USA	Zip: 34786	Country: USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 12/15/2010

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: Charles N. Gross, III

Street Address (P.O. Box Number is Not Acceptable): 1136 New York Ave.

Suite, Apt. #, Etc.:

City: St. Cloud | State: FL | Zip Code: 34769

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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 617.0303, F.S.

Signature of Registered Agent: X _____ Date: 11/2/11

REGISTERED AGENT MUST SIGN

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
PRES/TRES	Lavina M. Williams	903 Rosser Road	Winderemere, FL 34786
VP	Charles N. Gross, II	1136 New York Ave.	St. Cloud, FL 34769
SEC	Robert W. Williams	903 Rosser Road	Winderemere, FL 34786
DIR	Lavina M. Williams	903 Rosser Road	Winderemere, FL 34786
DIR	Christopher K. Schultz	312 Aulin Ave.	Oviedo, FL 32765
DIR	Michael Branco	45 Trotters Circle	Kissimmee, FL 34743

10. E-mail Address: lavinaw@aol.com
(To be used for future annual report notification)

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.; and 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 made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Lavina M. Williams LAVINA WILLIAMS 11/2/11 407-491-5692
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

12/15
DA