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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

15 JUN 22 8:34

CORPORATION REINSTATEMENT 2010-2015		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N13798 1. Corporation Name REFLECTIONS CONDOMINIUM 1 ASSOCIATION, INC.			
2. Principal Office Address - No P.O. Box # 4901 BIRCH ST State, Apt. #, etc.		3. Mailing Office Address 4901 BIRCH ST State, Apt. #, etc.	
City & State NEWPORT BEACH, CA Zip CA		City & State NEWPORT BEACH, CA Zip 92660	
Country USA		Country USA	
4. Date Incorporation or Qualified To Do Business in Florida 03/12/1996			
5. PER NUMBER 65-0119791		Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED		\$1.75 Addition Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD City PLANTATION			
State FL		Zip Code 33324	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0006 or 617.0603, F.S. Signature of Registered Agent <i>Richard M. Cunningham</i> Date 6/22/2015 REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	FRANK T. SURYAN, JR.	4901 BIRCH ST	NEWPORT BEACH, CA 92660
T	CANDACE RICE	4901 BIRCH ST	NEWPORT BEACH, CA 92660
S/D	MICHAEL A. BARMETTLER	4901 BIRCH ST	NEWPORT BEACH, CA 92660
10. E-mail Address: 44@yan1.com			
(To be used for future annual report notifications)			
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. 817.303, F.S.			
SIGNATURE: <i>[Signature]</i>		Date: 6/19/15	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

K. ASHTON

2052

Florida Department of State
Division of Corporations
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**CORPORATION REINSTATEMENT
REFLECTIONS CONDOMINIUM 1 ASSOCIATION, INC.**

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