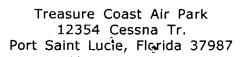
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **CORPORATION** Katherine Harris FILED REINSTATEMENT Secretary of State ./ DIVISION OF COMPORATIONS -- 02 APR -8 PM 5: 05 DOCUMENT # SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name TREASURE COAST AIR PARK PROPORTY Owners Association, dnc. 2. Principal Office Address 3. Mailing Office Address 12354 CESINA TR. Suite, Apt. #, etc. Suite, Apt. #, etc. SAMO 4. Date Incorporated or Qualified To Do Business in Florida City & State City & State 5. FEI Number PORT ST. WILL, FL Applied For -65011-83<u>01</u> Not Applicable Country \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 7. Name and Address of Current Registered Agent KERMAN Street Address (P.O. Box Number is Not Acceptable) ABOVE 12354 CESSWA 3.75Suite, Apt. #, Etc. PORT ST. LUCIE, PC, 34987 Zip Code State 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 REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Titles City / State / Zip Officers and/or Directors Officer and/or Director 12350 COLDEN BAGLE. PSE PL 34987 - PORT ST. LILE, FL 34987 12374 GRUMMAN WAT P.J.L. PC 3498> 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 accorage, and ply signature shall have the same legal effect as if made under oath. KERMANJ, PRES. 1/30/02 54/460-3907 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

No.



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Wed, Jan 30, 2002

Department of State
Division of Corporations
P:O::Box 6327
tallahassee, FL 32314

Dear Sir:

Enclosed ia a check in the amount of \$450 for the renewal of our corporation status. As a corporation for a Homeowners Association, we have had various Directors with a change of address each year. As such, we have not received the notices to renew our corporation.

We hope you consider the above in your evaluation of the fees due for our renewal.

Sincerely, Rob Kermanj President

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