PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2008 MAY 28 AM 7:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N18452

1. Corporation Name
The WAHBA Christmas Morris Condominium Association, Inc
W08000022726

400128343434
05/02/08--01042--021 **236.25

REINSTATEMENT

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1360 MASON Ave	1810 Wildwood ST
Suite, Apt. #, etc.: Suite A	Suite, Apt. #, etc.: Suite A
City & State: DAYTONA Beach, FL	City & State: DAYTONA Beach FL
Zip: 32117 Country: Volusia	Zip: 32117 Country: Volusia

4. Date Incorporated or Qualified To Do Business in Florida: 12-24-1986

5. FEI Number: 59287007 3 ☐ 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: WAHBA, WAHBA W.
Street Address (P.O. Box Number is Not Acceptable): 1360 MASON Ave
Suite, Apt. #, Etc.: Suite A
City: DAYTONA Beach, FL State: FL Zip Code: 32117

☑ 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 _____ REGISTERED AGENT MUST SIGN

400128343434
05/28/08--01001--001 **70.00

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
PD	WAHBA W. WAHBA	1360 MASON Ave Suit A	DAYTONA Bch, FL 32117
VD	RENA ROBBINS	1360 MASON Ave Suit B	DAYTONA Bch FL 32117
VD	RICHARD MORRIS	1360 MASON Ave Suit C	DAYTONA Bch, FL 32117

64-08
REINSTATEMENT

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: WAHBA W. WAHBA 4-28-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CONTACT: LAURA J. BOYLE 386-258-7106
Daytime Phone #

B. Mitchell MAY 28 2008