PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 MAY -2 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200005556212--6
-05/17/02--01015--002
***1093.75 ***1093.75

DOCUMENT # N 20297

1. Corporation Name

~~Florida Palms II Condo Association~~
Florida Palms Association II, Inc.

2. Principal Office Address	3. Mailing Office Address
6565 Gateway Ave	Same
Suite, Apt. #, etc.: Suite C	Suite, Apt. #, etc.
City & State: Sarasota FL	City & State
Zip: 34231 Country: Sarasota	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: ~~Sept 25~~ April 23, 1988

5. FEI Number: 65-0075066 ☐ 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: Christopher K. Caswell
Street Address (P.O. Box Number is Not Acceptable): 23164 Fruitville Road
Suite, Apt. #, Etc.:
City: Sarasota State: FL Zip Code: 34237

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: Chris Caswell Date: 4/11/02
REGISTERED AGENT MUST SIGN

CR2E361 (9/00)

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
Pres Dir	Fritz Mayr	786 S. Orange Ave	Sarasota FL 34236
Dir	Cornelius Wiedemann	786 S. Orange Ave	Sarasota FL 34236
Dir	Hannes Frank	786 S. Orange Ave	Sarasota FL 34236
		REINSTATEMENT	88-02

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: [signature] April 7, 2002 941-388-3211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #