

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAR 16 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N33590

1. Corporation Name
Forty Three West of Sarasota,
Section Two, Condominium
Association, Inc.

2. Principal Office Address 40 Progressive Comm. Mgt. Suite, Apt. #, etc. 1801 Glengary St. City & State Sarasota, FL Zip 34231 Country USA		3. Mailing Office Address 40 Progressive Comm. Mgt. Suite, Apt. #, etc. 1801 Glengary St. City & State Sarasota, FL Zip 34231 Country USA	
--	--	--	--

REINSTATEMENT 92-06
CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida August 7, 1989	5. FEI Number 650181541	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		

7. Name and Address of Current Registered Agent

Name: Telese B. McKay, Esq.

Street Address (P.O. Box Number is Not Acceptable): 40 McKay Law Firm, P.A., 2055 Wood St.

Suite, Apt. #, Etc.: Suite 120

City: Sarasota

State: FL Zip Code: 34237

600069443536
04/04/06--01054--001 **1103 .50

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: [Signature] Date: 2-27-06

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
D/Pres.	Helen Zubrinsky	3441 Beekman Place	Sarasota, FL 34235
D/V.P.	Joni Mandel	3421 Beekman Place	Sarasota, FL 34235
D/Mrs.	Charles Johnson	3430 Beekman Place	Sarasota, FL 34235
D/Dir.	Lucy Johnson	3435 Beekman Place	Sarasota, FL 34235
AS	Jim Markel	1801 Glengary Street	Sarasota, FL 34231
AT	William Sutton	1801 Glengary Street	Sarasota, FL 34231

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: [Signature] Date: 3/6/06 Daytime Phone #: 941-358-5715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR