

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 FEB -8 PM 4:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N45948

1. Corporation Name

2002 DEKLE CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #

2002 W. DEKLE AVE

Suite, Apt. #, etc.

APT #A

City & State

TAMPA FL

Zip

33606

Country

US

3. Mailing Office Address

2002 W. DEKLE AVE

Suite, Apt. #, etc.

APT #A

City & State

TAMPA FL

Zip

33606

Country

US

**REINSTATEMENT 01-08**  
CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

11/08/1991

5. FEI Number

593132898

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

KRISTA FITZPATRICK

Street Address (P.O. Box Number Is Not Acceptable)

2002 W. DEKLE AVE

Suite, Apt. #, Etc.

APT #A

City

TAMPA

State

FL

Zip Code

33606

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

*Krista Fitzpatrick*

REGISTERED AGENT MUST SIGN

Date 1/13/08

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
T	KRISTA FITZPATRICK	2002 W. DEKLE AVE #A	TAMPA FL 33606
P	JILL PETER	2002 W. DEKLE AVE #B	TAMPA FL 33606
S	JEFF HILLGOTH	2002 W. DEKLE AVE #C	TAMPA FL 33606
VP	AIMEE EICHERT	2002 W. DEKLE AVE #D	TAMPA FL 33606
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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:

*Krista Fitzpatrick*

KRISTA FITZPATRICK

1/13/2008

813-253-2628

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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