

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N46324

1. Corporation Name
CHARLOTTE COMMERCIAL CENTER CONDOMINIUM ASSOCIATION, INC.


2. Principal Office Address 18380 PAULSON DR. Suite, Apt. #, etc.		3. Mailing Office Address SAME Suite, Apt. #, etc.	
City & State PORT CHARLOTTE, FL		City & State	
Zip 33954	Country U.S.	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 12/5/1991	
5. FEI Number 65-0349346	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

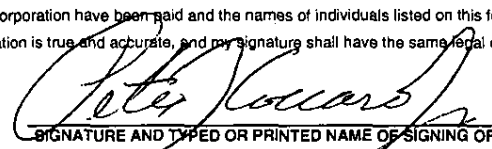
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. Name and Address of Current Registered Agent		
Name PETER J. COCCARO, JR.		
Street Address (P.O. Box Number is Not Acceptable) 27340 EGRET PLACE Suite, Apt. #, Etc.		
City PUNTA GORDA	State FL	Zip Code 33983

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 	Date 10/9/03
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 / Street / Zip
D	PETER J. COCCARO, JR.	27340 EGRET PLACE	PUNTA GORDA, FL 33983
D	ANGELA B. PEREIRA-NASKALE	4380 INVERNESS ST.	NORTH PORT, FL 34288
D	PAMELA A. KERN	2394 SANTEE ST.	PORT CHARLOTTE, FL 33948

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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 10/9/03 941-624-5744 Daytime Phone #

Peter J. Coccaro, Jr.