PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORAT ISTATEM			S	DEPART Secretary SION OF C	y of S		E		FILE ECRETARY ILLAHASSE 19 OCT 15	OF STATE E. FLORIDA	
DOCUMENT # N9300000 5105 1. Corporation Name											:	
Burnt Store Colony RO Association, Inc.									TOOLS I TOOLS K			
- ''					Office Address urnt Store Road				10/15/0901033004 🗱 236. 25			
Suite, Apt. #, etc. Suite, Apt. #,					, etc.				4. Date Incorporated or Qualified To Do Business in Florida 11/12/93			
				City & State Punta Gor	State a Gorda FL				5. FEI Number Applied For Not Applicable			
Zip 33950	Country USA		Zip 33950		Cour	•		6. CERTIFICATE	OF STATUS DESIRE	S8.75 Auddiood Sammung		
7. Name and Address of Current Registered Agent												
Name Milton Faurot									☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you			
Street Address (P.O. Box Number is Not Acceptable) 15550 Burnt Store Road #163												
Suite, Apt. #, Etc.								are certifying the prior notices were not received and requesting the reinstatement				
C⊪y Punta Gorda						State Zip Code 33955			fee be	waived.		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 60 Signature of Registered Agent REGISTERED AGENT MUST SIGN										on 607.0505 or 617.	I	
9. Names	s and Street A	ddresses	of Each Officer an	d/or Director (Flo	rida nonpro	fit corp	orations must list a	at lea	st 3 directors)			
Titles	Name of Officers and/or Directors				Street Address of Each Officer and/or Director					City / State / Zip		
Pres	Marilyn Smith				15550 Burnt Store Road # 123			23	Punta Gorda	FL 33955		
V Pres	David Rademacher				15550 Burnt Store Road # 12			2	Punta Gorda	FL 33955		
Sec	Milton Faurot				15550 Burnt Store Road # 163			63	Punta Gorda FL 33955			
Treas	Peter Daut				15550 Burnt Store Road # 1			80	Punta Gorda FL 33955			
Dir	Pete Sarauer				15550 Burnt Store Road # 22			26	Punta Gorda FL 33955			
Dir	Don Geoffrey				15550 Burnt Store Road # 1			# 1	51	Punta Gorda FL 33955		
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 filling 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: Marilyn Smith 8/24/09 941-763-9164 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deviume Phone #												
	81	GNATU	: AMO TYPED OR PR	INTED NAME OF 5	HUNING OFF	ICER O	K DIRECTOR			Date	Deytime Phone #	