PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAY -6 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94 00000 1309

1. Corporation Name
The Palmtation II Condominium Association, Inc.

REINSTATEMENT 01-05

2. Principal Office Address		**3.** Mailing Office Address	
1004 SW 48th. Terrace		1004 SW 48th. Terrace	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
#103		#103	
City & State		City & State	
Cape Coral, FL		Cape Coral, FL	
Zip	Country	Zip	Country
33914	US	33914	US

4. Date Incorporated or Qualified To Do Business in Florida 03/11/1994

5. FEI Number 650567732 ☐ 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
Doelder, Jay

Street Address (P.O. Box Number is Not Acceptable)
1004 SW 48th. Terrace

Suite, Apt. #, Etc.
#103

City: Cape Coral | State: FL | Zip Code: 33914

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 Jay J Doelder Date 5/4/05
REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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
DP	Sadowski, Gene	3737 Falconer Kimball Stand Road	Falconer, NY 14733
DS	Brewster, Larry	PO Box 963	Brunswick, OH 44212
DV	Vitek, Tom	1004 SW 48th. Terrace #201	Cape Coral, FL 33914
DT	Doelder, Jay	1004 SW 48th. Terrace #103	Cape Coral, FL 33914

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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 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: Jay J Doelder Jay Doelder 05/04/05 239-540-9928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #