

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 23 AM 11:31

DOCUMENT # N96000003013 (E)

1. Corporation Name SOUTHERN BREEZE CONDOMINIUM
ASSOCIATION OF CAPE CORAL, FL, INC

TS 10/25/07
REINSTATEMENT

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
1112 SW 48TH TERRACE
CAPE CORAL FL 33914
Suite, Apt. #, etc.

3. Mailing Office Address
1112 SW 48TH TERRACE
CAPE CORAL FL 33914
Suite, Apt. #, etc.

City & State
CAPE CORAL FL

City & State
CAPE CORAL FL

Zip Country
33914 USA

Zip Country
33914 USA

4. Date Incorporated or Qualified
To Do Business in Florida 06/03/1996

5. FEI Number 59-2694236
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED **\$875 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name JAMES E FITZPATRICK
Street Address (P.O. Box Number is Not Acceptable)
1410 SW 54TH TERRACE
Suite, Apt. #, Etc.
City CAPE CORAL State FL Zip Code 33914

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.

30011195153
10/23/07-01020-011 **\$1.25

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 James Fitzpatrick Date 10/19/07
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
	<u>P RICHARD PAUL BIRKENWALD</u>	<u>17101 NE 19TH AVE N. MIAMI BEACH FL</u>	<u>33162</u>
<u>V P</u>	<u>PETER ROSATI</u>	<u>6 John Poole Rd</u>	<u>MORGANTOWN, W. VA 26508</u>
<u>S D</u>	<u>MARGAURITE GLICK</u>	<u>1659 BROOKSTONE CT 12301 SNUG HARBOR RD</u>	<u>ELKHART, IN. 46514</u>
<u>T D</u>	<u>JOHN H ULRICH</u>	<u>BERLIN, MD 21811</u>	
<u>D</u>	<u>JAMES E. FITZPATRICK</u>	<u>1410 SW 54TH TERRACE CAPE CORAL FL 33914</u>	

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: John H Ulrich
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT 15, 2007 239-945-1750
Date Daytime Phone #