

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

AND
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 JUN -1 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000000165

1. Corporation Name

Vince's Airport Condominium Association, Inc

REINSTATEMENT

CR2E081 (12/05)

03-06 PSC

2. Principal Office Address

3950 Placid View Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

3950 Placid View Dr.

Suite, Apt. #, etc.

City & State

Lake Placid, FL

City & State

Lake Placid, FL

Zip

33852

Country

USA

Zip

33852

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/13/1997

5. FEI Number

65-0752918

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

Tracy Peters

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

3949 Placid View Dr.

Suite, Apt. #, Etc.

City

Lake Placid, FL

State
FL

Zip Code

33852

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

Tracy Peters

Date

5/16/06

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
P	Fred Arch	8840 Placid Lakes Blvd	Lake Placid, FL 33852
V	John Cronin	14139 Paradise Point Rd	Palm Beach Gardens, FL 33410
T	Tracy Peters	3949 Placid View Dr.	Lake Placid FL 33852
D	John Franzone	16150 Bay Point Blvd B101	North Ft. Myers, FL 33917
D	Patricia Woepel	143 Harbor Dr.	Tavernier, FL 33070

800075873248
06/06/06--01015--007 **253.75

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:

Tracy Peters

Tracy Peters

5/16/06

Date

863-465-3555

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Vince's Airport Condominium Association, Inc.
3950 Placid View Dr.
Lake Placid, FL 33852

May 16, 2006

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir or Madam;

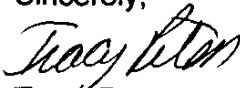
Please find enclosed the Corporate Reinstatement form for Document #N97000000165. Also enclosed is a check in the amount of \$253.75 for 4 years of annual reports at \$61.25/year (\$245.00) plus \$8.75 for the Certificate of Status.

I spoke with one of your representatives who gave me this fee amount.

We request waiver of the reinstatement fee due to the death of our Treasurer, Tom Blackwood, who passed away August of 2005. The mailing address for our annual report was changed in 2002 to Mr. Blackwood's home address. We did not receive the notices and only recently discovered that this had not been paid.

Do not hesitate to contact me if you have any questions or require further information.

Sincerely,



Tracy Peters,
Treasurer
863-465-3555

6/1/06

Per conversation with Tracy Peters, she did not receive any rejection notices in 2003. BSC