

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 31 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

NO 000000 1069

1. Corporation Name

MAGUIRE PLACE CONDOMINIUM ASSOCIATION,
INC.

200008734122
10/31/02--01113--008 ***420.00

REINSTATEMENT 99-02

2. Principal Office Address

606 Butler Street

Suite, Apt. #, etc.

City & State

Windermere, FL

Zip

34786

Country

Orange

3. Mailing Office Address

606 Butler Street

Suite, Apt. #, etc.

City & State

Windermere, FL

Zip

34786

Country

Orange

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/23/98

5. FEI Number

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

Blair M. Johnson

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

425 South Dillard Street

Suite, Apt. #, Etc.

City

Winter Garden

State

FL

Zip Code

34787

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

Blair M. Johnson

REGISTERED AGENT MUST SIGN

Date 10/28/02

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
PSTD.	Paul Gerding	606 Butler Street	Windermere, FL 34786
VD	Marc Grimes	1345 Kelso Blvd.	Windermere, FL 34786
D	George Speigner	2416 St. James Landing	Tuscaloosa, AL 35406

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:

Marc Grimes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-02

Date

Daytime Phone #

CR2E081 (9/99)