

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # N99000003786**

1. Corporation Name

Island Paradise of Anna Maria Condominium Association, Inc.

7410000000376

2. Principal Office Address - No P.O. Box #

1800 Gulf Drive North

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 15149

Suite, Apt. #, etc.

City &amp; State

Bradenton Beach, FL 34217

Zip

Country

City &amp; State

Bradenton, FL 34280

Zip

Country

**7. Name and Address of Current Registered Agent**

Name

Dan Talley

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

1800 Gulf Drive North

Suite, Apt. #, Etc.

City

Bradenton Beach

State

FL

Zip Code

34217

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0535 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12-28-09

**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	Kevin Riley	1806 Franklin Ave.	McLean, VA 22101
VP	Adam Zajdel	3708 Gulf Drive	Holmes Beach, FL 34217
S/T	Barbara Kinosky	1806 Franklin Ave.	McLean, VA 22101

10. E-mail Address: info@camelliaproperties.com

(To be used for future annual report notification)

11. I certify that I am an officer or director of 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. I further certify, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-28-09

Date

Daytime Phone #

FILED

10 JAN 25 PM 2:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-10

400167110754

01/25/10--01050--022 \*\*428.75

CR2E081 (11/09)

4. Date Incorporated or Qualified

To Do Business in Florida 3/22/1991

5. FEI Number

65-0972059

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required  
for a Certificate of Status☒ 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.