PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
02 JUN 19 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

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-06/25/02--01041--006
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DOCUMENT # N 99000005451

1. Corporation Name
WATERFRONT GARDENS CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address	**3.** Mailing Office Address
3501 S. DEL PRADO B.	3501 S. DEL PRADO B.
Suite, Apt. #, etc.: 200	Suite, Apt. #, etc.: 200
City & State: CAPE CORAL, FLORIDA	City & State: CAPE CORAL, FLORIDA
Zip: 33904 Country: USA	Zip: 33904 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 09-07-99

5. FEI Number: 65-1097301 ☐ Applied For ☐ Not Applicable

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

236.25-ACM
61.25-AR
8.75-Cert

7. Name and Address of Current Registered Agent

Name: THOMAS RIEDLINGER

Street Address (P.O. Box Number is Not Acceptable): 3501 S. DEL PRADO BLVD. #200

Suite, Apt. #, Etc.:

City: CAPE CORAL State: FL Zip Code: 33904

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: _____ Date: 05-28-02

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
D	RIEDLINGER, THOMAS	3501 S. DEL PRADO B. #200	CAPE CORAL / FL / 33904
D	RIEDLINGER, HEIDRUN	3501 S. DEL PRADO B. #200	CAPE CORAL / FL / 33904
D	ROUTHIER, NADINE	3501 S. DEL PRADO B. #200	CAPE CORAL / FL / 33904

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: _____ THOMAS RIEDLINGER 05-28-02 239-945-3879

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #