

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


112

FILED

06 JUN 22 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # ~~060506~~ **1199000006641**

1. Corporation Name
Owner's Association of Beach Walk Condominium, Inc.

2. Principal Office Address 5400 OCEAN BLVD.		3. Mailing Office Address 5400 OCEAN BLVD.	
Suite, Apt. #, etc. 3-1		Suite, Apt. #, etc. 3-1	
City & State SARASOTA, FL		City & State SARASOTA, FL	
Zip 34242	Country USA	Zip 34242	Country USA

REINSTATEMENT 01-06

4. Date Incorporated or Qualified To Do Business in Florida **11/08/1999**

5. EEL Number **59-3482390**

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
ROBERT O. PRUETTE

Street Address (P.O. Box Number is Not Acceptable)
5400 OCEAN BLVD.

Suite, Apt. #, Etc.
3-1

City
SARASOTA

State
FL

Zip Code
34242

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 *Robert O. Pruetto* Date **06/05/2006**

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	JOHN KENNEDY	4922 WALLINGFORD ST.	PITTSBURGH, PA 15213
T	ROBERT O. PRUETTE	5400 OCEAN BLVD., #3-1	SARASOTA, FL 34242
S	DAN GUTWEIN	654A CALLE DEL OTONO	SARASOTA, FL 34242

400077140394
07/07/06--01024--015 **376.25

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: *Robert O. Pruetto* **ROBERT O. PRUETTE** 06/05/2006 941-346-1366

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

K Enkel JUN 27 2006

2/2

June 5, 2006

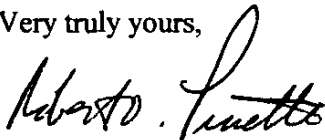
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: Not-for- Profit Corporation Reinstatement

Dear Sir or Madam

Attached is a completed reinstatement form, along with our check #1288 in the amount of \$306.25 for reinstatement, and a certificate of status. I am not certain of the year that we became inactive, and have assumed that this occurred in 2005. If this year is incorrect, and we owe additional funds, please let us know, and we will mail you an additional check.

Very truly yours,



Robert O. Pruetto
Treasurer
Owner's Association of Beach Walk Condominium, Inc.
5400 Ocean Blvd., #3-1
Sarasota, FL 34242
941-346-1366

ROP/s

Enclosure: Stated