PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN 10 PM 4:01

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #P01000092537

REINSTATEMENT 03-04

900037849819
06/10/04--01077--012 **900.00

1. Corporation Name
WHITEHALL HOMES AT EDGEWATER MOORINGS, INC.

2. Principal Office Address	3. Mailing Office Address
290 Cocoanut Avenue	290 Cocoanut Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota, FL	City & State: Sarasota, FL
Zip: 34236 Country: USA	Zip: 34236 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 9/17/2001

5. FEI Number: 593744370 ☐ 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: Ronald Mustari

Street Address (P.O. Box Number is Not Acceptable): 290 Cocoanut Avenue

Suite, Apt. #, Etc.:

City: Sarasota | State: FL | Zip Code: 34236

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: 6/8/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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	MUSTARI, RONALD	290 Cocoanut Avenue	Sarasota, FL 34236
D	MUSTARI, JOANNE	290 Cocoanut Avenue	Sarasota, FL 34236

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: _____ 6/8/04 941 954-1181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #