PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2008 FEB 28 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000090144

CR2E081 (12/07) 06-08

1. Corporation Name
CENTRAL FLORIDA CONDOS, INC
PO BOX 62
SAFETY HARBOR, FL, 34695

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
300 STARKEY DR.	PO BOX 62
Suite, Apt. #, etc.: UNIT #355	Suite, Apt. #, etc.: —
City & State: LARGO, FL.	City & State: SAFETY HARBOR
Zip: 33771 Country: PINELLAS	Zip: FL, 34695 Country: SAME

4. Date Incorporated or Qualified To Do Business in Florida: 6/23/05

5. FEI Number: 20-3048681 ☐ 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: TIMOTHY D. HARKING
Street Address (P.O. Box Number is Not Acceptable): 300 STARKEY DR.
Suite/Apt. #, Etc.: UNIT #355
City: LARGO State: FL Zip Code: 33771

☒ 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.

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: [signature] PRESIDENT
REGISTERED AGENT MUST SIGN
Date: 2/27/08

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
SEC/TREASURER	CATHERINE A. HARKING	700 STARKEY DR, UNIT #355	LARGO, FL. 33771

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03/11/08--01012--013 **458.75

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: [signature] 2/27/08 727 434-4648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell FEB 28 2008

2/27/08 2052

DEAR FRIENDS,

AS YOU CAN SEE; OUR NEW CORP. WAS ~~STARTED~~ ON 6/23/05, AND I NEVER RECEIVED ANY ANNUAL DUES ~~S~~STATEMENT; AT ANY ADDRESS; (FOR 6/06; OR 6/07); PLEASE CHARGE US THE REINSTATEMENT AMOUNT OF $150.00.

SINCERLY,
TIMITHY D. HAWKINS
~~PRE~~SIDENT —
CENTRAL FLORIDA CONDOS, INC.