

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUN 28 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N03000007447**

1. Corporation Name

**1000 CHANNELSIDE CONDOMINIUM
ASSOCIATION, INC**

2. Principal Office Address

610 GARRISON COVE LANE

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33602

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

"

City & State

"

Zip

"

Country

"

04-06
CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida

8/25/2003

5. FEI Number

54-2121115

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

REY ORTEGA

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

610 GARRISON COVE LANE

Suite, Apt. #, Etc.

City

TAMPA

State
FL

Zip Code

33602

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

[Handwritten Signature]
REGISTERED AGENT MUST SIGN

MGR

Date

6/19/06

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
VSD	DENNIS CAMPBELL	610 GARRISON COVE LN	TAMPA, FL 33602
PTD	REY ORTEGA	610 GARRISON COVE LN	TAMPA, FL 33602
D	WILLIAM ARDINGTON	610 GARRISON COVE LN	TAMPA, FL 33602

[Handwritten Signature]
6/29

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07/07/06--01024--004 **358.75

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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MGR

6/19/06

Date

721-

420-2814

Daytime Phone #