


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

02 APR -5 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



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

DOCUMENT # 722915 W02-7380

1. Corporation Name
Roseview Garden Condominium Association, Inc.

800005431318--6
-05/02/02--01040--022
*****61.25 *****61.25

2. Principal Office Address
1131 SE 4th St.

3. Mailing Office Address
500 Australian Ave S.

Suite, Apt. #, etc.
Apt #305

Suite, Apt. #, etc.
Suite 600

City & State
Boynton Beach, FL

City & State
West Palm Beach, FL

4. Date Incorporated or Qualified
To Do Business in Florida 3/16/72

5. FEI Number
59-1574839

Zip Country
33435 USA

Zip Country
33401 USA

6. CERTIFICATE OF STATUS DESIRED \$0.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
St. John, Core Fiore & Lemme, P.A.
Street Address (P.O. Box Number is Not Acceptable)
500 Australian Ave. South
Suite, Apt. #, Etc.
Suite 600
City
West Palm Beach

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***1277.50 ***1277.50

State Zip Code
FL 33401

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 *Nancy E. Ross Atty-in-fact* Date 2/19/02
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/D	<i>Barbara Dye</i>	1131 SE 4th St. # 108	Boynton Beach, FL 33435
V/D	<i>George Hainby</i>	1131 SE 4th St. # 206	"
S/D	<i>Edna Booth</i>	1131 SE 4th St. # 406	"
T/D	<i>Marian Hanson</i>	1131 SE 4th St. # 305	"
D	<i>Marshall DesRoches</i>	1131 SE 4th St. # 308	"
D	<i>Ralph Hendee</i>	1131 SE 4th St. # 203	"

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: *Marian Hanson* MARIAN HANSON 2/ 561-734-0978
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)