PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Corporation Name

ANDOVER B CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

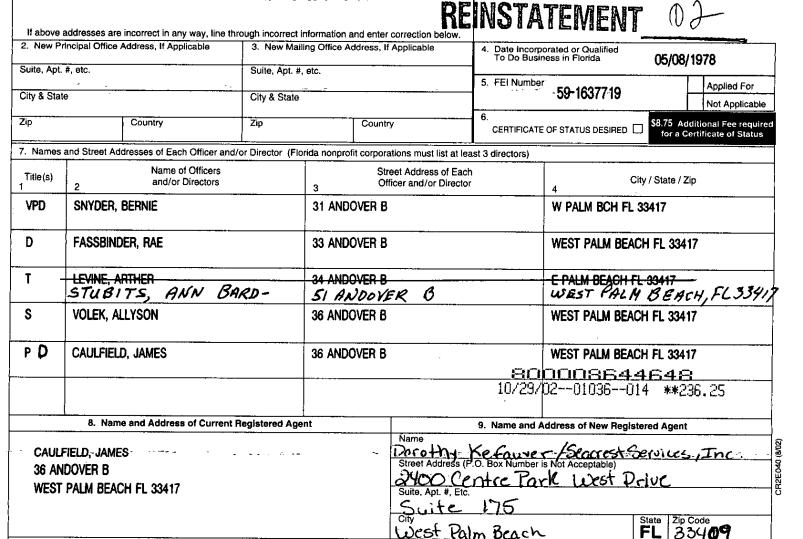
ANDOVER B 36 CENTURY VILLAGE ANDOVER B 36

WEST PALM BEACH FL 33417

CENTURY VILLAGE WEST PALM BEACH FL 33417

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

02 OCT 29 AM 8: 01



11. 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 Fowed 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.

10. I, being appointed the registered agent of the aboye named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

SIGNATURE:

Signature of Registered Agent

10 - 23-02 561 242-9126

Date Daytime Phone #