


# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 DEC 12 AM 9:35

<b>DOCUMENT # 749340</b> 1. Entity Name LAUREL OAKS CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 20100 BOCA WEST DRIVE BOCA RATON, FL 33434	Mailing Address 20100 BOCA WEST DRIVE BOCA RATON, FL 33434
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

12102007 REIN-NP CR2E099 (1/07)

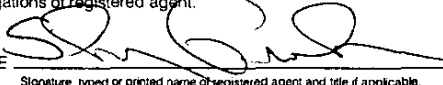
City & State	City & State	4. FEI Number 59-1995932	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  GRAHAM, SHELLY M 20100 BOCA WEST DRIVE OFC BOCA RATON, FL 33434	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 12/10/07


Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$64.25**  
After January 1, 2008, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LEVI, BERNARD 20100 BOCA WEST DRIVE OFC BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete SMITH, PATRICIA 20100 BOCA WEST DRIVE OFC BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete NOVIN, ELLEN 20100 BOCA WEST DRIVE OFC BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete TANENBAUM, ABE 20100 BOCA WEST DRIVE OFC. BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete RUBEN, ROBERT 20100 BOCA WEST DRIVE OFC BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete PARKER, CARL 20100 BOCA WEST DRIVE OFC. BOCA RATON, FL 33434

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Byer, Charles 20100 Boca W Dr Boca Raton, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Kimmel, Arnold 20100 Boca W DR OFC Boca Raton, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Patron, Rachel 20100 Boca W Dr OFC Boca Raton, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400113079524 12/12/07--01039--002 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>REINSTATEMENT</b> 
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 12/17/07

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 12/10/07 DAYTIME PHONE #: 561-483-8898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #