PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 NOV 21 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06

DOCUMENT # N04000010023

1. Corporation Name

THE PALMS 51 CONDOMINIUM ASSOCIATION INC

2. Principal Office Address	**3.** Mailing Office Address
~~PO BOX 30523~~ 124 NE 3rd St	~~SAME~~ P.O. BOX 30523
Suite, Apt. #, etc.	Suite, Apt. #, etc.
POMPANO BEACH, FL	
City & State	City & State
~~FT. LAUDERDALE FL~~	FT. LAUDERDALE, FL
Zip ~~33303~~ 33060 / Country USA	Zip 33303 / Country USA

CR2E081 (12/05) 06

4. Date Incorporated or Qualified To Do Business in Florida 10/22/04

5. FEI Number ☑ 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: Kip Farris 09/19/06 01007 010

Street Address (P.O. Box Number is Not Acceptable): 124 NE 3rd St.

100080386051
10/03/06--01018--021 **20.25

Suite, Apt. #, Etc.:

City: POMPANO BEACH | State: FL | Zip Code: 33060

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 _____ Date 9.29.06

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
D/P	JOHN BONARBY	1851 NE 168 St H A9	NORTH MIAMI BCH, FL 33162
D/VP	MICHAEL GOMEL	1821 NE 168 St A5	NORTH MIAMI BCH, FL 33162
D/S/T	ILENYA VELASQUEZ	17100 NE 21 AVE	NORTH MIAMI BCH FL 33162

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: X _____ 11.10.06 _____ 9.29.06 _____ 954 495 8585

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