
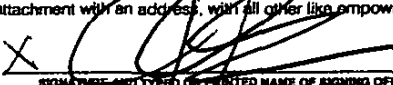


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2008 OCT 24 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000010779				
1. Entity Name MERIDIAN AT ONE NORTH OCEAN CONDOMINIUM ASSOCIATION, INC.				
Principal Place of Business ONE NORTH OCEAN BOULEVARD BOCA RATON, FL 33432		Mailing Address ONE NORTH OCEAN BOULEVARD BOCA RATON, FL 33432		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				Street Address (P.O. Box Number is Not Acceptable) City
				FL Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agents, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ DATE _____				
(NOTE: Registered Agent signature required when reinstating)				
FILE NOW!!! FEE IS \$297.50			Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	Pres <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jolie Sanchez		NAME	
STREET ADDRESS	4000 West Cypress Street, Suite 444		STREET ADDRESS	
CITY-ST-ZIP	Tampa FL 33607		CITY-ST-ZIP	
TITLE	V. Pres. <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jack ODDO		NAME	
STREET ADDRESS	3740 Cheney Creek Ln		STREET ADDRESS	
CITY-ST-ZIP	Steering Htes, M.F. 48314		CITY-ST-ZIP	
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CITY-ST-ZIP			CITY-ST-ZIP	
<div style="font-size: 2em; font-weight: bold; transform: rotate(-10deg); display: inline-block;">REINSTATEMENT</div> <div style="font-size: 2em; font-weight: bold; transform: rotate(-10deg); display: inline-block;">07-08</div> <div style="font-size: 2em; font-weight: bold; transform: rotate(-10deg); display: inline-block;">JHS</div>				
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 <u>9/18/08</u>	
(NOTE: Signature and typed or printed name of signing officer or director)				



09032008 REIN-NP CR2E099 (1/07)

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

SIGNATURE _____ DATE _____

FILE NOW!!! FEE IS \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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