

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

1997 NOV 14 PM 4:11

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N10538**

1. Corporation Name

Glen Eagles Condo. F Assoc Inc

W97-25163

Principal Place of Business

Mailing Address

**C/O Prime Management
 6300 Park of Commerce Blvd
 BOCA RATON FL 33487**

REINSTATEMENT

94-97
 11/14/97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For Not Applicable

City & State

City & State

59-2852615

Zip

Country

Zip

Country

59-2852615

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Bernard Azenberg	7527 Glendewon Ln #806	BOCA RATON FL 33486
V P	Marvin Silverston	7521 Glendewon Ln #701	✓
T	Seymour Eichinger	7449 Glendewon Ln #102	✓
S	Herbert Dell	7563 Glendewon Ln #1304	✓
S	Sherman Marcus	7689 Glendewon Ln #1807	✓
✓			✓

8. Name and Address of Current Registered Agent

**Prime Management
 Myron Swatt
 6300 Park of Commerce Blvd
 BOCA RATON FL 33487**

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City
**600002350136--8
 -11/18/97--01032--002
 ****245.00 State ****245.00
 FL Zip Code**

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

Signature of Registered Agent

[Signature]
 REGISTERED AGENT MUST SIGN

Date

10/12/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

600002350136--8

12. 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 of F.S. Further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.011(1)(b) 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] Seymour Eichinger - Treasurer

Date

10/13/97

Daytime Phone #

CP2500 (12-95)