

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 27 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N17626

1. Corporation Name
CAMBRIDGE D CENTURY VILLAGE ASSOCIATION, INC.

Principal Place of Business Mailing Address
G/O SARA STEVENS CAMBRIDGE D
WEST PALM BEACH FL 33417
G/O SARA STEVENS CAMBRIDGE D
WEST PALM BEACH FL 33417



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

2. New Principal Office Address, If Applicable 74 CAMBRIDGE D Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable 74 CAMBRIDGE D Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 11/03/1986
City & State WEST PALM BEACH FL.	City & State WEST PALM BEACH FL.	5. FEI Number 59-1636915
Zip 33417-1313	Country USA	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	FLASHBERG, MILTON	74 CAMBRIDGE D	W. PALM BCH FL 33417-1313
T	STEVEN, SARA	73 CAMBRIDGE D	WEST PALM BCH FL 33417
SD	LEVER, RUTHANN	93 CAMBRIDGE D	WEST PALM BEACH FL
VPD	SEROTA, ALBERT	72 CAMBRIDGE D	WEST PALM BEACH FL

8. Name and Address of Current Registered Agent FLASHBERG, MILTON 74 CAMBRIDGE D WEST PALM BEACH FL 33417	9. Name and Address of New Registered Agent		
	Name		
	Street Address (P.O. Box Number is Not Acceptable)		
	Suite, Apt. #, Etc.		
City		State 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. or 617.0505, F.S.

Signature of Registered Agent: Milton Flashberg (with "SIGNATURE REQUIRED" stamp)
Date: 11/23/02
REGISTERED AGENT MUST SIGN

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 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: Milton Flashberg (with "SIGNATURE REQUIRED" stamp)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: MILTON FLASHBERG
Date: 11/23/02
Daytime Phone #: (561) 687-3439

CR2E040 (8/02)

Dear Sir or MADAM:

Nov. 22, 2002

Enclosed here with, form executed by myself as President of Cambridge D and a check in the sum of ~~\$600.00~~ \$70.00

We sincerely apologize for our failure to timely submit the annual CORPERATE report.

Ours is a Condominaum consisting of 24 Units mainly occupied by owners in their upper 70's and lower 80's. We have high less due to old age.

In all probabilities the Condominum member having the obligation to prepare and submit the report became ill, never passed on this duty to anyone else and upon his or her passing away ~~no one~~ took over this obligation.

To remedy that we are placing ~~the~~ the obligation of the corperation report in our annual budget where it will be called to our attention each year.

Please send any forms required for the annual corperation to the President of Cambridge D Association West Palm Beach, Florida 33417.

~~This is our office address for the Association~~
74 Cambridge D I will always receive the notification.

We hope this will make us current

Yours Very Sincerely



Milton Flashberg
President