


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
05 NOV -9 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N17626

1. Corporation Name
CAMBRIDGE Condo Assoc. D

2. Principal Office Address <u>71 Cambridge D</u>		3. Mailing Office Address <u>71 Cambridge D</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>W. PALM BEACH, FL.</u>		City & State <u>W. PALM BEACH FL.</u>	
Zip <u>33417</u>	Country	Zip <u>33417</u>	Country

CR2E081 (8/05)

4. Date Incorporated or Qualified To Do Business in Florida 59-163915

5. FEI Number 59-1636915 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 RUTH ARTINOFF

Street Address (P.O. Box Number is Not Acceptable)
71 Cambridge D

Suite, Apt. #, Etc. 000060726490

City WEST PALM BEACH State FL Zip Code 33417

10/18/05--01078--006 **238 25

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 Ruth Artinoff Date 10-11-2005

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
<u>P</u>	<u>IRVING LEVINE</u>	<u>92 Cambridge D</u>	<u>West Palm Beach, FL 33417</u>
<u>T</u>	<u>RUTH ARTINOFF</u>	<u>71 Cambridge D</u>	<u>WPB, FL 33417</u>
<u>S</u>	<u>RUTHANN LEVER</u>	<u>93 Cambridge - D</u>	<u>WPB, FL 33417</u>

REINSTATEMENT U/O

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 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: Ruth Artinoff Date 10-11-2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone [Signature]