

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 97 APR 23 AM 11:26
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N22315**

1. Corporation Name
COMMANDER OCEAN RESORT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
3100 North Ocean Drive **same**
Singer Island, Florida 33404

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

REINSTATEMENT 91-97

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida July 7, 1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0259346	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip	Country	Zip	Country	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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
D/P	Robert Snow	3100 N. Ocean Dr., Suite 2D	Singer Island, FL 33404
D/V/P	Yashvant Brahmhatt	3100 N. Ocean Dr., Suite 2D	Singer Island, FL 33404
D/S/T	Kanu Parikh	3100 N. Ocean Dr., Suite 2D	Singer Island, FL 33404
D	Dennis Bodin	Midland Walwyn Capital, Inc. 2540 Daniel Johnson, Ste. 800	Laval, Quebec Canada H7T 2S3

Handwritten signature/initials

8. Name and Address of Current Registered Agent Gary N. Gerson, Esq. NASON, YEAGER, GERSON, WHITE & LIOCE, P.A. 1645 Palm Beach Lakes Blvd., Suite 1200 West Palm Beach, Florida 33401		9. Name and Address of New Registered Agent Name 900002157959--5 Street Address (P.O. Box Number is Not Acceptable) 04/29/97-01047-022 ***\$12.50 ***\$12.50 Suite, Apt. #, Etc. City State Zip Code FL	
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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]* Date **4/22/97**
 REGISTERED AGENT MUST SIGN

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.)

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 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: *[Signature]* Date **4-21-97** Daytime Phone # **561-848-6089**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT SNOW, PRESIDENT

CR2E040 (1/2/96)