## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	GIL.ED 04 AUG 12 AM 11:38
DOCUMENT # N23389  1. Corporation Name  Barclay Lane Condominium of Tallahassee, A  Condominium Association Inc.		SECRETAINT OF STATE TALLAHASSEE, FLORIDA
2. Principal Office Address 431 Waver/4 Rosad	3. Mailing Office Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified
City & State	City & State	To Do Business in Florida
Tallahossee FL		5. FEI Number Applied For Not Applied be
32312 Country USA	Zip Country	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name Dan Lee Isoacs		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
Tallahassee State Zip Code FL 323/2		
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 Date 8/11/0 4		
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	
PD Conthis Antoun	1946 Bay Drive	Tallehossee FL 32312
SD Margaret Boland 4557 B Barclay Lane Tallahossee FL 32309		
SD Appil Bobadilla	4557 A Barre	lay Lone Tallahossee FL32309
D Dan Lee Isaacs	431 Waverly A	R/ Tillahussen Fl 32309
		700040500617
REINSTATEMENT 02-04 08/25/04-01050-018 **183.75		
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 filling 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: Cynthio Antoun 8/11/04 251-9424  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Destine Phone #		