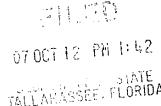
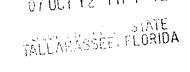
2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT DOCUMENT # N45445 1. Entity Name FLAGLER ESTATES AT BREAKERS WEST HOMEOWNERS ASSOCIATION, INC.





Principal Place G.R.S. MANAC 3900 WOODL LAKE WORTH	gement as: Lake blvd.	Mailing Address G.R.S. MANAGEMENT ASSOCIATES, INC. 3900 WOODLAKE BLVD., SUITE 309 LAKE WORTH, FL 33463 US					TÄLTÄRÄSSEE, FLÖRIDA						
2. Principal Place of Business - No P.O. Box #				3. Mailing Address									
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				09282007	REIN-NP	CR2E09	9 (1/07)		
City & State			City	City & State				4. FEI Number 65-0301588			_ 	plied For	
Zip Country			Zip	Zip Cou				, 5:-Certificate of Status Desired			□ - \$8.75 Additional - Fee Required		
	6. Name	and Address of Current F	Registered	istered Agent				7. Name and Address of New Registered Agent					
REITANO, RICHARD						Name							
3228 GU NCLUB RD							Street Address (P.O. Box Number is Not Acceptable)						
WEST PALM BEACH, FL 33406													
						City	FL Zip Co				Zip Cod	e	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$122.50				In accordance with s. 607.193(2)(b), corporation did not receive the prior			3(2)(b), e prior r	F.S., the notice.		Make check Florida Departr			
10.		OFFICERS AND DIR	ECTORS		11.		Αſ	DDITIONS/CH	ANGES TO OF	FICERS AND DIRE	CTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REITANO, RICHARD 3228 GUNCLUB RD WEST PALM BEACH, FL 33406			Delete TITLE NAME STREE CITY-				□ Change □ Add ■□□110743839 10/12/0701065003 **61.25					
TITLE NAME STREET ADDRESS CITY-ST-7IP		JUDY GLER ESTATES DRIVE ILM BEACH, FL-33411-		☐ Delete							Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		BIN GLER ESTATES DRIVE ILM BEACH, FL 33411		□ Delete			RI	EINST	ATEME		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete				REINSTATEMENT LONG				Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete							Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	certify that th	ie information supplied with	this filing	Delete	CiTY	E ET ADDRESS - ST - ZIP	ontained	Lio Chanter 11	9 Florida Statu		Change	Addition	

Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a address, with all other like empowered.

IGNATURE:

| SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
| Date | Dayline Phone #

SIGNATURE: