

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 27 PM 1:37

DOCUMENT # N 45763

1. Corporation Name

THE BOULEVARD 1050 CONDOMINIUM
ASSOC. INC.

2. Principal Office Address

1050 WEST GRANADA Blvd
Suite, Apt. #, etc.

3. Mailing Office Address

1050 W. GRANADA BULO
Suite, Apt. #, etc.

REINSTATEMENT 96-00

City & State

ORMOND Bch FL.

City & State

Ormond Bch, FL.

Zip

Country

32174

USA

Zip

Country

32174

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/2000 Reinstated

5. FEI Number

59-3094456

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

PAUL F. Holub JR.

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

675 N. Beach St.

Suite, Apt. #, Etc.

City

ORMOND Beach

State

FL

Zip Code

32174

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12-11-00

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
P.	PAUL F. Holub - JR. D	675 N. Beach St.	Ormond Bch FL 32174
V.P.	PAUL Holub D	1512 Poplar Dr.	Ormond Bch FL 32174
V.P.	DR. Charles Titone D	Suite 2 1050 W GRANADA BULO	Ormond Bch FL 32174
S/T	DR. Saaji D	Suite 1050 W. GRANADA BULO	Ormond Bch FL 32174

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-11-00

Date

904

677 7617

Daytime Phone #

CR2E081 (9/99)