

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 749847	
1. Entity Name THE BRABEN CONDOMINIUM ASSOCIATION, INC.	

FILED

05 MAR -4 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business DOMINICK F. PAPIA HERMAN TAEGE 4316 S OCEAN BLVD HIGHLAND BEACH, FL 33487 US	Mailing Address DOMINICK F. PAPIA HERMAN TAEGE 4316 S OCEAN BLVD HIGHLAND BEACH, FL 33487 US
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2. Principal Place of Business HERMAN TAEGE Suite, Apt. #, etc. 4316 S Ocean Bl #1 City & State Highland Beach Zip FL	3. Mailing Address 4316 S Ocean Bl Suite, Apt. #, etc. 1 City & State Highland Beach Zip FL
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02242005 REIN-NP

CR2E099 (6/04)

4. FEI Number 37-1096778	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TAEGE, HERMAN A 4316 SOUTH OCEAN BLVD APT. 1 HIGHLAND BEACH, FL 33487	7. Name and Address of New Registered Agent Name HERMAN A TAEGE Street Address (P.O. Box Number is Not Acceptable) 4316 S Ocean Bl #1 City Highland Beach FL Zip Code 33487
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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 Herman Taege DATE 2-28-05
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAEGE, HERMAN A 4316 S. OCEAN BLVD. 1 HIGHLAND BEACH, FL 33487 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900048411299 ☐ Addition 03/15/05--01029--007 **297.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, CRAIG BOX 475 FINLAND RD. GREEN LANE, PA ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TAEGE, BARBARA 4316 S. OCEAN BLVD. HIGHLAND BEACH, FL 33487 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 04-05 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an address, with all other like empowered.

SIGNATURE: Herman Taege DATE 2-28-05 361-706-5993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR