

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 722725 1. Entity Name FRENCH QUARTER CONDOMINIUM PHASE II, INC.						FILED 06 MAR -1 PM 2:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 408 N.W. 70TH AVENUE PLANTATION, FL 33317-7550				Mailing Address 408 N.W. 70TH AVENUE PLANTATION, FL 33317-7550			
2. Principal Place of Business Suite, Apt. #, etc. 4780 N. STATE RD. 7 E250			3. Mailing Address Suite, Apt. #, etc. 4780 N. STATE RD. 7 E250			 REINSTATEMENT 05-06	
City & State LAUDERDALE LKS FL.			City & State LAUDERDALE LKS FL.			4. FEI Number 59-1464057	
Zip 33319		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PHOENIX MANAGEMENT SERVICES, INC. 4780 N STATE ROAD 7, #E250 LAUDERDALE LAKES, FL 33319				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 1/31/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$122.50				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE PD <input type="checkbox"/> Delete NAME DRISDOM, JOE STREET ADDRESS 4520 NW 6 CT CITY-ST-ZIP PLANTATION, FL 33317				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 700067882627 CITY-ST-ZIP 03/15/06--01009--004 **122.50			
TITLE TD <input type="checkbox"/> Delete NAME ODOM, WAYNE H STREET ADDRESS 424 NW 70 AVE #122 CITY-ST-ZIP PLANTATION, FL 33317				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE VPD <input type="checkbox"/> Delete NAME DELINCE, KERN STREET ADDRESS 432 NW 70TH AVE #134 CITY-ST-ZIP PLANTATION, FL 33317				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE SD <input type="checkbox"/> Delete NAME AUSTIN, JOHN STREET ADDRESS 424 NW 70 AVE #224 CITY-ST-ZIP PLANTATION, FL 33317				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE D <input type="checkbox"/> Delete NAME RAEVI, DELEVA STREET ADDRESS 432 NW 7TH AVE 133 CITY-ST-ZIP PLANTATION, FL 33317				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby 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 of 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 to an address, with all other like information.							
SIGNATURE <i>[Signature]</i> <small>TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> JOSEPH DRISDOM, PRES.				Date 1/31/06 <small>Daytime Phone #</small>			