PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
09 DEC 10 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000079469

1. Corporation Name

Sabal Pointe Apartments, Inc.

100163501251
12/10/09--01024--014 **600.00
REINSTA CR2E081(1/1/09) 06-09

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1110 Cocoannt Rd	445 N. Andrews Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc. Space 2
City & State: Boca Raton, Florida	City & State: Fort Lauderdale, Florida
Zip: 33432 Country: USA	Zip: 33301 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 9/12/1997

5. FEI Number: 650783522 ☐ 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: Conde and Cohen, PL

Street Address (P.O. Box Number is Not Acceptable): 445 N. Andrews Ave

Suite, Apt. #, Etc.: Space 2

City: Fort Lauderdale State: FL Zip Code: 33301

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: A. Conde Date: 12/8/09
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	City / State / Zip
P	Guadalupe Conde	1110 Cocoanut Rd	Boca Raton, FL 33432
VP	Alexander Conde	1110 Cocoanut Rd	Boca Raton, FL 33432

10. E-mail Address: Alex@Condecohen.com
(To be used for future annual report notification)

11. 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. I further certify, 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: A. Conde Alexander Conde/VP - president 12/8/09 954-762-3410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #