PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

				FILFO			
	RPORATION STATEMENT	FLORIDA DEPARTI Secretary DIVISION OF COL	of State		MAR 26 PM 12: 34		
DCCUMENT # N 25130 1. Corporation Name BOCA PARK CONDOMINIUM ASSOCIATION, INC.				TALL	Dreyary of State Lahassee, Florida		
Old Suite, Apt. #		3. Mailing Office Address c/o Michael J. Suite, Apt. #, etc. Suite 200 2424 N. Federa City & State Boca Raton, F	chael J. Feldman CPA etc. 200 Federal Hwy		4. Date Incorporated or Qualified		
·	433 Country US		Country US	65-02195	520	Not Applicable Idditional Feoreguired Certificate of Status	
	Name MICHAEL J. FELDMAN Street Address (P.O. Box Number is Not Acceptable) 2424 N. Federal Highway Suite, Apt. #, Etc. Suite 200 City Boca Raton				03/26/0301055001 **61.25 300014755326 03/26/0301055001 **61.25 900014765326 03/26/0301055002 **61.25 State Zip Code FL 33431		
8. I, being appointed the registered agent of the above hamsed erporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Pate Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 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	Director (Florida Horipfolia	Street Address of Each Officer and/or Director		City / State / Zip		
PD	ROBERT KOWALSKI RICHARD LEARNER		Old Court Rd.	#402	Boca Raton, F1. Boca Raton, F1.	33433	
SD	SANDRA HOSKIN	6061	Old Court Rd.	#202	Boca Raton, Fl.	33433	
TD	WILLIAM HEBERT	6069	Old Court Rd.	#103	Boca Raton, F1.	33433	
D	SHARON JOINSON	6029	Old Court Rd.	#1007	Boca Raton, F1.	33433	

561-393-6735 2003 TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ROBERT KOWALSKI Daytime Phone #

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 filling 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.

BOCA PARK CONDOMINIUM ASSOCIATION ... c/o GATOR MANAGEMENT OF SO. FLORIDA

615 Emerald Way East
 Deerfield Beach, Florida 33442
 (954) 360-0666 - FAX: (954) 360-0343

March 17, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32399

Re: Boca Park Condominium Association

Document #N25130

Gentlemen:

We are enclosing herewith application for Reinstatement on behalf of the above-named corporation.

It is respectfully requested that the reinstatement fee be waived as the 2002 annual report form was never received. The registered agent, Michael Feldman, moved his office last year and, apparently, the form was not forwarded to him.

We enclose herewith check #2708 in the amount of \$61.25 in payment of the 2002 annual fee and check #2709 in the sum of \$61.25 in payment of the fee for 2003.

Thank you for your consideration in this matter. Sincerely,

Jerome M. Bieler, LCAM

Gator Management of So. Florida

For the Board of Directors

JMB:jb