

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

CORPORATION
REINSTATEMENT



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

FILED

02 APR -8 PM 6:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 206737

1. Corporation Name 426 Association, Inc.

000005492620--9
-05/08/02--01068--004
****122.50 ****122.50

2. Principal Office Address

426 NE 7th Ave

Suite, Apt. #, etc.

APT 2 D

City & State

DELRAY BEACH, FLA.

3. Mailing Office Address

SAME AS LINE 2

Suite, Apt. #, etc.

City & State

Zip

33483

Country

FLA. BEACH

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 1/22/61

5. FEI Number

59-1155230

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

2001-2002 UBR

7. Name and Address of Current Registered Agent

Name

JEFF. MAC LAREN

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

426 NE 7th Ave

Suite, Apt. #, Etc.

APT 2 D

City

DELRAY BEACH

State

FL

Zip Code

33483

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

JEFF. MAC LAREN

Date

04/04/02

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
D. Pres	JEFFERY MAC LAREN	426 NE 7th Ave APT 2 D DELRAY BEACH	
D. TRGS	ROLAND BOUCHARD	" " APT 2 G	
D. Sec	MARGARET KEARN'S	" " APT 2 B	

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:

JEFFERY MAC LAREN
JEFF. MAC LAREN

03/4/02

Date

(561) 5824480

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20F2

426 ASSOCIATION, INC.
426 N.E. 7th Avenue
Delray Beach, FL 33483

March 5, 2002

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

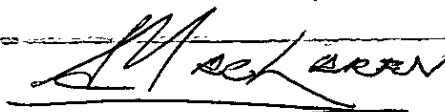
To Whom It May Concern:

Having recently become President of this condominium, it has been pointed out to me that we have not paid our Corporate License Fee for the last several years. I have since found out that our previous management company, Residential Management Concepts, has been disregarding any mail for our condominium and obviously throwing it away.

I am enclosing a check for \$122.50 which your representatives told us to send in for reinstatement.

Thank you for your assistance in this matter.

Sincerely yours,



Jeff McLaren
President

JM/jmm
Encl