1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04/02 WOB

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

2001-2002 VBR

2. Principal Office Address	3. Mailing Office Address
426 NE 7th Ave	SAME AS LINE 2
Suite, Apt. #, etc. Apt 2 D	Suite, Apt. #, etc.
City & State Delray Beach, Fla.	City & State
Zip 33483 Country PalmBeach	Zip Country

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

5. FEI Number 59-1153230 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Jeff. MacLaren

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: MacLaren Date: 04/04/02
REGISTERED AGENT MUST SIGN

CR2E081 (8/01)

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 MacLaren	426 NE 7th Ave Apt 2D Delray Beach	
D	Treas	Roland Bouchard	" " Apt 2G	
D	Sec	Margaret Kearns	" " Apt 2B	

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 MacLaren 03/4/02 (561) 5524480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2052

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