PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORAT REINSTATEM				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			State	11 SEP			
DOCUMENT #717995 1. Corporation Name AUG 2 2 2011									ASSEE, F	30 M	
Boca Teeca Condominium 3, Inc									LORIDA	H 10: 34	
Principal Office Address - No P.O. Box # 5500 NW 2nd Avenue				5500 N	3. Mailing Office Address 5500 NW 2nd Avenue				CR2E081 (11/10)		
				1	Suite, Apt. #, etc. 5th Floor			4. Date Incorp	Date Incorporated or Qualified To Do Business in Florida 2/2/1970		
City & State Boca Raton, FI				City & State Boca R	City & State Boca Raton, Fl			5. FEI Numbe	5, FEI Number Applied For 59131362 Not Applied For		
Zip 33487	•		у Д	Zip 33487 [©]		Countr	•	7 			
7. Name and Address of Current Registered Agent								1			
Association Law Group								المنافع الم	TO WELL TOUCH A COURT A COURT A		
Street Address (P.O. Box Number is Not Acceptable) 1666 Kennedy Causeway								KEL	REINSTATEMENT		
Suite, Apt. #, Etc. Suite 305								1			
City North Bay Village						State FL	Zip Code 33141	09729711=-01018005 ** 736.25			
8. I, being appointed the above named corporation, am familiar with and accept the of Signature of Registered Agent REGISTERED AGENT MUST SIGN								obligations of secti	Date Will P Date		
9. Names	and Street A	ddresse	\				orations must list at le	east 3 directors)			
Titles		Office	Name of ers and/or Directors	5	Street Address of Each Officer and/or Director				City / State / Zip		
p _	James Naughten-III				8922 Hidden Acres Dr.			es Dr.	Boynton Beach	ı, <u>Fl 33473</u>	
Т	Bruce	Bruce Green				21570 Halstead Dr			Boca Raton, F	1 33428	
VP	Gilbert Linder				122 W 34th St				Bayonne, NJ	07002	
S	Cynth	Ventura		43 W Log Bridge Rd			je Rd	Greenwich, I	RI 02817		
S	Nancy	Nancy O'Day				5500 NW 2nd Ave,#322			Boca Raton,	FI 33487	
D	Kathr	Murphy	_	5500 NW 2nd Ave,#722			ve,#722	Boca Raton, FI 33487 ·			
10. E-mail Address: Jschiff@tcgmgt.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. SIGNATURE: SIGNATURE SIGNATURE SIGNATURE SIGNATURE Daytime Phone #											