

PLEASE READ ALL INSTRUCTIONS BEFORE COMF

FILED
Jul 02 1998 8:00am
Secretary of State

**APPLICATION
 FOR
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS

DOCUMENT # 722814

1. Corporation Name

THE CLARIDGES CONDOMINIUM, INC.

Mailing Address: **3460 S. OCEAN BLVD. PALM BEACH FL. 33480**
 Principal Place of Business: **3460 S. OCEAN BLVD. PALM BEACH FL. 33480**

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-07/02/98--01034--002
*****61.60**

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Mailing Address, If Applicable		3. New Principal Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/02/72	
City & State		City & State		5. FEI Number	
Zip		Country		59-1447197	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President:	Panfel, Bernard R.	3456 S. Ocean Blvd.	Palm Beach Fl. 33480
V.P.S.	Hadgigeorge Steve	3460 S. Ocean Blvd.	Palm Beach Fl. 33480
	Rubin, Phil	3460 S. Ocean Blvd.	Palm Beach Fl. 33480
Secretary:	Gross, Irene	3460 S. Ocean Blvd.	Palm Beach Fl. 33480
Treasurer:	Gill, Ralph	3456 S. Ocean Blvd.	Palm Beach Fl. 33480
Director:	Birnbaum, Milton	3456 S. Ocean Blvd.	Palm Beach Fl. 33480
Director:	Rubenstein, Sol	3456 S. Ocean Blvd.	Palm Beach Fl. 33480

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name: Ralph Gill	
		Street Address (P.O. Box Number is Not Acceptable): 3456 S. Ocean Blvd	
		Suite, Apt. #, Etc.: 205 E	
		City: Palm Beach	State: FL Zip Code: 33480

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *Ralph Gill* Date: **6/26/98**

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: *Ralph Gill* **Ralph Gill 6/25/98 (561-588-3943)**

CR2040 (6-94)