

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 24 PM 4:20

DOCUMENT # 724673

1. Corporation Name
SPANISH TRAIL APARTMENTS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
3103 SPANISH TRAIL 3103 SPANISH TRAIL
DELRAY BEACH FL 33483 DELRAY BEACH FL 33483
US US



REINSTATEMENT 00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.
2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 10/30/1972
5. FEI Number 59-1586894 Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
PD	SMITH, MICHAEL	3109 SPANISH TRAIL	200003455072-1 -11/07/90-01091--018 ****236.25 ****236.25
SD	HALLMAN, PHYLLIS	3103 SPANISH TRAIL	DELRAY BEACH FL 33483
P/vpd	SAYRS, DONNA	3117 SPANISH TR	DELRAY BCH, FL 00000 33483
TD	VONK, SALLYE	3133 SPANISH TRAIL	DELRAY BEACH FL 33483
D	MORIARITY, DANIEL	3127 SPANISH TRAIL	DELRAY BEACH FL 33483

8. Name and Address of Current Registered Agent
SCRENCI, RALPH S
3109 SPANISH TRAIL
DELRAY BCH FL 33483

9. Name and Address of New Registered Agent
Name - DONNA SAYRS
Street Address (P.O. Box Number is Not Acceptable)
3117 SPANISH TRL
Suite, Apt. #, Etc.
DELRAY BCH, FL
City DELRAY BCH State FL Zip Code 33483

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 Donna Sayrs REGISTERED AGENT MUST SIGN Date 10/17/00

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., 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: Donna Sayrs SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 10/17/00 Daytime Phone # (561) 276-4449

CR2E040 (9/00)