1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 NOV 25 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738886

1. Corporation Name

Ocean Place-2155 Condominium Association, Inc.

REINSTATEMENT 2003

2. Principal Office Address		3. Mailing Office Address	
2155 S. Ocean Blvd.		2155 S. Ocean Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Delray Beach, Florida		City & State: Delray Beach, Florida	
Zip: 33483	Country: USA	Zip: 33483	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 05/02/77

5. FEI Number: 59-2130596 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: ~~Thomas F. Hinners~~ NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): ~~2155 South Ocean Boulevard~~ 134 E. Park Ave.

Suite, Apt. #, Etc.:

City: ~~Delray Beach,~~ Tallahassee State: FL Zip Code: ~~33483~~ 32301

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: Anthony J. Alexander REGISTERED AGENT MUST SIGN Asst. Secretary Date: 11/10/03

CR2E081 (10/02)

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
P	Thomas Hinners	2155 S. Ocean Blvd.	Delray Beach, FL 33483
VP	~~Arnold Rosenbaum~~ Barry Pearl	2155 S. Ocean Blvd.	Delray Beach, FL 33483
ST	~~Mary W. Wamser~~ Eileen McQuade	2155 S. Ocean Blvd.	Delray Beach, FL 33483
D	~~Leon Lefkowitz~~ William Wurster	2155 S. Ocean Blvd.	Delray Beach, FL 33483
D	Barbara Jamieson	2155 S. Ocean Blvd.	Delray Beach, FL 33483

10. I certify that I am an officer or director of 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: Thomas Hinners, President 11/10/03 561-278-0053 x2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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