## 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

			_at	
DOCUMENT # 742040				FILED
1. Entity Name CAPRI L ASSOCIATION, INC.				08 MAR 26 PM 9: 03
				SECRETARY OF STATE
Principal Place of Business Mailing Address				SECRETARY OF STATE TALLAHASSEE, FLORID:
PRIME MANAGEMENT GROUP, INC. PRIME MANAGEMENT GROUP, INC. 6300 PK OF COMMERCE BLVD 6300 PK OF COMMERCE BLVD				
BOCA RATON		BOCA RATON, FL 3348		
h stilksinst D	lace of Business - No P.O. Bo ## /	O. Marillan And Inc.		
P. Principal Place of Bysiness - No P.O. Box# / 3. Mailing Address he St. Inc.			106	
1500 TOG RISTELLOG Suite, Apt. #, etc.				01092008 REIN-NP CR2E099 (1/07)
Delita	ilbeach Fr	City & State		4. FEI Number Applied For 59-1837527 Not Applied be
33 V	Country ()SA	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent
BERNSTEIN ARNIE				
6300 PK 0	F COMMERCE BLVD	, :	Street Add	reds PD Box Hungton is No Acceptable), -0
B∕∤CA RA	TON, FL 33487	,	-	Olday Dard 6
1			City	ency beath. IC - Tooms
FL 33444				
8. The above named entity submits this statement to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				
f)as is.				
SIGNATURE  Signature, typed or printed same of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE				
FILE NOW!!! FEE IS \$297.50  Make check payable to Florida Department of State				
10.	OFFICERS AND DIRE		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME	D BISHOP, JERRY	Delete	TITLE	Change Addition
STREET ADDRESS	553 CAPRI L		STREET ADDRESS	236 COPT 5 22/CI
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP	Delray Black, Fr. 33484
TITLE NAME	VP LANE, MARTIN	☐ Dolele	TITLE NAME	
STREET ADDRESS	540 CAPRI L		STREET ADDRESS	04/10/0801005007 **297.50
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP	
TITLE NAME	S ROSEN BLAT, BERTHA	☐ Delete	TITLE NAME	COSONDAH, BRITHA Change Addition
STREET ADDRESS	534 CAPRIL		. STREET ADDRESS	124 Capril
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP	petrey beach, 12 33484
TITLE NAME	T FINK, FRAN	☐ Delete	TITLE NAME	Change Addition
STREET ADDRESS	570 CARI L		STREET ADDRESS	<b>Y</b>
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP	D
TITLE NAME	D LEARNER, LAWRENCE	☐ Delete	TITLE NAME	Chher Lawrence Genange Addition
STREET ADDRESS	535 CAPRI L		STREET ADDRESS	535 (40n L
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP	Petray Beach. R 33484
TITLE NAME	P LAKE, HERB	☐ Delete	TITLE	Change ☐ Addition
STREET ADDRESS	537 CAPRI L		NAME STREET ADDRESS	m n loa
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachmentwith an address, with all other like empowered.				
11 , 71 1				
SIGNATURE: 124/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytome Phone #				
- DUFR - SANNTITON ON BACK ->				

## Additional Officer/Director

Schmuckler, Herb 545 Capri L Delray Beach. R 33484