
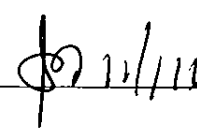
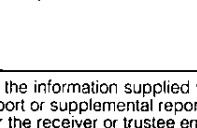


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 742765 1. Entity Name KENT D CONDOMINIUM ASSOCIATION, INC.						FILED 06 NOV 16 PM 3: 28 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 59 KENT D. W PALM BCH, FL 33417 US				Mailing Address 59 KENT D. W PALM BCH, FL 33417 US			
2. Principal Place of Business		3. Mailing Address		11092006 REIN-NP CR2E099(11/05) 06		4. FEI Number NOT APPLICABLE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BECKER, HAROLD KENT D 59 WEST PALM BEACH, FL 33417				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. The above named entity submits this statement for 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.							
SIGNATURE <u>Harold Becker</u> <u>HAROLD BECKER</u> <u>NOV 14 2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$236.25 After January 1, 2007, Fee will be \$297.50				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEK CER, HAROLD 59 KENT D W PALM BEACH, FL 0, 33417	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900081849149 11/16/06--01037--011 **236.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HELEN RUSSO 53 KENT D W. PALM BEACH, FL 33417	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COHEN, ESTER 55 KENT D W. PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary FRANIS HOFFMAN 58 Kent D W. PALM BEACH 33417			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NAVIGATE, RICHARD 61 KENT D WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 attachment with an address, with all other like empowered.							
SIGNATURE: <u>Harold Becker</u> <u>HAROLD BECKER</u> <u>NOV 14 2006</u> <u>697-2203</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							