PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 NOV -9 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 742778

1. Corporation Name
Northampton K Condominium Association, Inc.

REINSTATEMENT 11/17 MM 00-04

2. Principal Office Address	3. Mailing Office Address
213 Northampton K.	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: West Palm Beach FL	City & State: same
Zip: 33417 Country: Palm Beach	Zip: same Country:

4. Date Incorporated or Qualified To Do Business in Florida: 5/8/78

5. FEI Number: 59-1639026 ☐ 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: MARILYN R. SORKIN

Street Address (P.O. Box Number is Not Acceptable): 213 NORTHAMPTON K

Suite, Apt. #, Etc.:

City: West Palm Beach | State: FL | Zip Code: 33417

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: Marilyn Sorkin (REGISTERED AGENT MUST SIGN) Date: 11/03/04

CR2E081 (01/04)

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
PD	MARILYN SORKIN	213 NORTHAMPTON K	West Palm Beach FL 33417
TD	IRVING Weinstein	208 NORTHAMPTON K	West Palm Beach FL 3341
SD	Mildred Weinstein	208 NORTHAMPTON K	West Palm Beach FL 33417
D	ANNA ANDREATTA	218 NORTHAMPTON K	West Palm Beach, FL 33417
		500042608865 11/09/04--01081--005 **306.25	

10. 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: Marilyn Sorkin 11/03/04 5616898389
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Encl 2

NORTHAMPTON K CONDOMINIUM ASSOCIATION, INC.

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

ATT: CORPORATE REINSTATEMENT

November 3rd, 2004

Please be advised that the annual statement from the Department of State has not been received prior to the year 2000. The Board of Administration of Northampton K Condominium Association, Inc. was under the impression that the accounting department of our service provider was filing annually with the Department of State. They were under the impression that we were handling the filing. The Annual Report Forms were being sent to a past officer of the board who became ill and passed away. This is a 55-and- over community composed of elderly residents, many of whom assume officer positions on the Board for lack of more capable candidates. Kindly approve this request for a waiver of the $175.00 Reinstatement Fee.

Enclosed is a check in the amount of $306.25 for the years 2000; 2001; 2002; 2003; and 2004 @ $61.25 per annum.

Sincerely,

Marilyn Sorkin
President Northampton K
Condominium Assoc. Inc.