


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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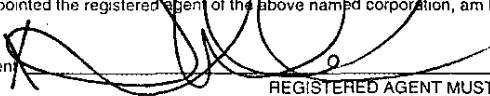
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

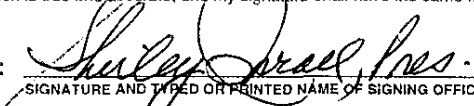
<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 744719</b>			
<b>1. Corporation Name</b> THE PINES OF DELRAY NORTH ASSOCIATION, INC.			
<b>2. Principal Office Address</b> 1431 NW 18th AVE. DELRAY BCH., FL 33445 Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 1431 NW 18th AVE. DELRAY BCH., FL 33445 Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 10/25/1978	
<b>5. FEI Number</b> #59-1886546	Applied For <input type="checkbox"/> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>		
Name GREENWALD, STEVEN I.		
Street Address (P.O. Box Number is Not Acceptable) 6971 N. FEDERAL HWY. STE. #105		
Suite, Apt. #, Etc.		
City BOCA RATON	State FL	Zip Code 33487

<b>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.</b>	
Signature of Registered Agent 	Date 3/16/04
REGISTERED AGENT MUST SIGN	

<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	ISRAEL, SHIRLEY	1361 NW 19th TERRACE #104	DELRAY BCH., FL 33445
VDTD	PERCIA, JOHN	1835 NW 18th STREET #101	DELRAY BCH., FL 33445
SD	JACOBS, MONROE	1420 NW 18th AVE., #104	DELRAY BCH., FL 33445
TD	ENGLISH, GEORGE	1721 NW 19th TERRACE #C	DELRAY BCH., FL 33445

<b>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.</b>			
<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	3/12/04 Date	561-278-1212 Daytime Phone #	

CR2E081 (01/04)