

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 NOV -6 AM 9:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 747106

THE PLUM BUILDING CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address  
E SIXTH AVE 101 SE SIXTH AVE  
DELRAY BEACH FL 33483-5224 DELRAY BEACH FL 33483-5224



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

1. Old Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Apt. #, etc. SUITE A		Suite, Apt. #, etc. SUITE A		05/08/1979	
City & State		City & State		5. FEI Number 59-2015952	
Country		Zip		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
DD	GATTO, BARBARA	101 SE SIXTH AVE	DELRAY BEACH FL
ND	PLUM, WILLIAM M. JR.	101 SE SIXTH AVE	DELRAY BEACH FL
STP	PIGNATO, JAMES V.	101 SE SIXTH AVE	DELRAY BEACH FL

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SL 11-10-97

8. Name and Address of Current Registered Agent		9. Name and Address of Now Registered Agent	
PLUM, WILLIAM JR. 101 SE SIXTH AVE DELRAY BEACH FL FL		Name Street Address (P.O. Box Number is Not Acceptable) 345111 -11/12/97--01097--005 Suite, Apt. #, Etc. ***236.25 ***236.25 City State Zip Code FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  
Signature of Registered Agent *[Signature]* Date 11-4-97  
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on Intangible tax.)

12. 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: *[Signature]* JAMES V. PIGNATO 11/4/97 581-276-3821  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #