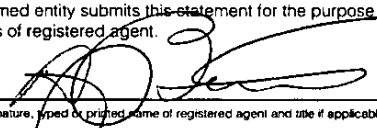
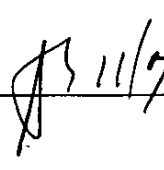
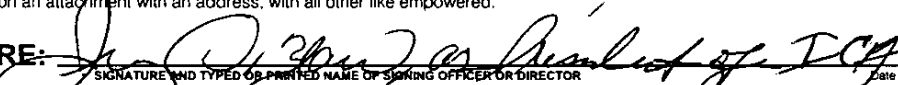


# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                    |                                 |                                                |                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                             |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # 747570</b><br>1. Entity Name<br><b>INDEPENDENT CONDOMINIUM ASSOCIATIONS OF<br/>KINGS POINT, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                    |                                 |                                                |                                                                                                                                                             |  | FILED<br>08 NOV -6 AM 11:07<br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA<br>10-24-08 01023 010 & 236-25<br><br><b>REINSTATEMENT</b> 68<br>10272008 REIN-NP CR2E099 (#07) |                                                                              |
| Principal Place of Business<br>7000 WEST ATLANTIC AVE.<br>DELRAY BEACH, FL 33446                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                    |                                 |                                                | Mailing Address<br>6300 PARK OF COMMERCE BLVD<br>BOCA RATON, FL 33487                                                                                                                                                                        |  |                                                                                                                                                                                                                                                             |                                                                              |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                    | 3. Mailing Address              |                                                | 4. FEI Number<br><b>59-1926327</b><br>Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                 |  |                                                                                                                                                                                                                                                             |                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                    | Suite, Apt. #, etc.             |                                                |                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                             |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                    | City & State                    |                                                |                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                             |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                            | Zip                             | Country                                        |                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                             |                                                                              |
| 6. Name and Address of Current Registered Agent<br><b>CAPRI K</b><br><b>6300 PARK OF COMMERCE BLVD</b><br><b>BOCA RATON, FL 33487</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                    |                                 |                                                | 7. Name and Address of New Registered Agent<br>Name <u>PRIME MANAGAMENT GROUP INC.</u><br>Street Address (P.O. Box Number is Not Acceptable) <u>6300 PARK OF COMMERCE BLVD.</u><br>City <u>BOCA RATON FL</u> <u>FL</u> Zip Code <u>33487</u> |  |                                                                                                                                                                                                                                                             |                                                                              |
| 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 <br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                   |                                                                    |                                 |                                                |                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                             |                                                                              |
| <b>FILE NOW! FEE IS \$236.25</b><br><b>After January 1, 2009, Fee will be \$297.50</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                    |                                 |                                                | <b>Make check payable to</b><br><b>Florida Department of State</b>                                                                                                                                                                           |  |                                                                                                                                                                                                                                                             |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                    |                                 |                                                | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                             |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1VD<br>RIGOLETTO, RAYMOND<br>514 CAPRI K<br>DELRAY BEACH, FL 33484 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                                                                          |  |                                                                                                                                                                                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2VPD<br>YATES, MAE<br>157 CAPRI D<br>DELRAY BEACH, FL 33484        | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | S<br>COHEN, STANLEY J<br>707 BURGUNDY O<br>DELRAY BEACH, FL 33484  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | P<br>DIBLASIO, JERRY<br>381 BURGUNDY "H"<br>DELRAY BEACH, FL 33484 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | T<br>PARK, IRIS<br>284 CAPRI F<br>DELRAY BEACH, FL 33484           | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | POCH, IRIS                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                    |                                 |                                                |                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                             |                                                                              |