

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

98 JUN -8 PM 2:42

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # 749580

1. Corporation Name  
 LAS BRISAS CONDOMINIUM ASSOCIATION, INC

Principal Place of Business Mailing Address  
 5340

400002556794--8  
 -06/11/98--01058--015  
 \*\*\*\*\*61.25 \*\*\*\*\*61.25

REINSTATEMENT 97-98

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

2. New Principal Office Address, if Applicable 5340 N. ATLANTIC AVE Suite, Apt. #, etc.	3. New Mailing Office Address, if Applicable 5340 N. ATLANTIC AVE Suite, Apt. #, etc.
City & State COCOA BEACH	City & State COCOA BEACH
Zip 32931 Country US	Zip 32931 Country US

4. Date Incorporated or Qualified To Do Business in Florida  
10/30/1999

5. FEI Number  
59-1991734

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

1 Title(s)	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
PD	GOKHALE, RAVINDRA	5111 HIGHWAY A1A	SATELLITE BEACH, FL 32937
VPD	BRISTOW, BETSY	557 HIGHWAY A1A	SATELLITE BEACH, FL 32937
STD	GAMBLE, EYDIE	907 SPRING VALLEY ROAD	ALTA MONTE SPRINGS FL, 32714

400002556794--8  
 -06/11/98--01058--016  
 \*\*\*\*\*236.25 \*\*\*\*\*236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: CHARLES KANE  
 Street Address (P.O. Box Number is Not Acceptable): 5340 N ATLANTIC AVE  
 Suite, Apt. #, Etc.:  
 City: COLON BEACH State: FL Zip Code: 32931

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: *Charles Kane* REGISTERED AGENT MUST SIGN Date: 5/4/98

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)(j), 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: *Betsy Bristow* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 6-3-98 Daytime Phone #: 799-0333

CR2E040 (1/98)