FILED
02 MAY 31 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749829 W02000010502

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-06/13/02--01071--025
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REINSTATEMENT 85-02

1. Corporation Name
1202 Condominium Association, Inc.

2. Principal Office Address	3. Mailing Office Address
1210 George Bush Blvd.	1210 George Bush Blvd.
Suite, Apt. #, etc.: Suite #3	Suite, Apt. #, etc.: ~~Suite #3~~
City & State: Delray Beach, FL	City & State: Delray Beach, FL
Zip: 33483 Country: Palm Beach	Zip: 33483 Country: Palm Beach

4. Date Incorporated or Qualified To Do Business In Florida: 11/19/79

5. FEI Number: 01-0649929 [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [ ]

7. Name and Address of Current Registered Agent

Name: Genie Rothman, Esquire
Street Address (P.O. Box Number is Not Acceptable): 70 South East 4th Avenue
Suite, Apt. #, Etc.:
City: Delray Beach, State: FL Zip Code: 33444

1216.25-ADM
61.25-AR
8.75-Cert

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: _____ Date: 5/21/02

REGISTERED AGENT MUST SIGN

CR2E031 (8/01)

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DIR Pres	Alan Dawes	1210 George Bush Blvd Suite #3	Delray Beach, FL ~~33483~~
DIR VPres	Richard Dorsey	507 NW 2nd Street	Delray Beach, FL33444
DIR Sec	Christine Wineland	218 NE 11th Street	Delray Beach, FL33444

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: Alan Dawes POA — 5/21/02 — 561-279-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Alan Dawes, President

Alan Dawes POA