PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

755606

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

FILED
02 FEB -1 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 755606

REINSTATEMENT 1984-2002

1. Corporation Name

OREGON STREET TOWNHOMES ASSOCIATION, INC.

2. Principal Office Address	**3.** Mailing Office Address
321 OREGON ST.	321 OREGON ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOLLYWOOD, FL.	City & State: HOLLYWOOD, FL.
Zip: 33019 / Country	Zip: 33019 / Country

4. Date Incorporated or Qualified To Do Business in Florida: 12-19-1980

5. FEI Number: X Applied For / Not Applicable

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

7. Name and Address of Current Registered Agent

Name: EAMON TONER

Street Address (P.O. Box Number is Not Acceptable): 321 OREGON ST.

Suite, Apt. #, Etc.:

City: HOLLYWOOD | State: FL | Zip Code: 33019

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***1347.50 ***1347.50

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.

Signature of Registered Agent: Eamon Toner. Date: 1/31/02

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	LAWRENCE HERSHMAN	315 OREGON ST.	HOLLYWOOD, FL. 33019
D	DENNIS MAGARO	305 OREGON ST.	HOLLYWOOD, FL. 33019
D	EAMON TONER	321 OREGON ST.	HOLLYWOOD, FL. 33019

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: _____ _____ _____ _____ _____

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

LAWRENCE HERSHMAN DIRECTOR DENNIS MAGARO DIRECTOR EAMON TONER DIRECTOR

CAPITAL CONNECTION, INC.
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Oregon Street Townhomes
Association Inc.

Please file
1st

02 FEB -1 PM 12:10
RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

____ Art of Inc. File_____
____ LTD Partnership File_____
____ Foreign Corp. File_____
____ L.C. File_____
____ Fictitious Name File_____
____ Trade/Service Mark_____
____ Merger File_____
____ Art. of Amend. File_____
____ RA Resignation_____
____ Dissolution / Withdrawal_____
✓ Annual Report / Reinstatement_____
____ Cert. Copy_____
____ Photo Copy_____
✓ Certificate of Good Standing
____ Certificate of Status_____
____ Certificate of Fictitious Name_____
____ Corp Record Search_____
____ Officer Search_____
____ Fictitious Search_____
____ Fictitious Owner Search_____
____ Vehicle Search_____
____ Driving Record_____
____ UCC 1 or 3 File_____
____ UCC 11 Search_____
____ UCC 11 Retrieval_____
____ Courier_____

Signature

Requested by:
SR 2/1/02 11:26
Name Date Time

Walk-In _____ Will Pick Up _____