


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 JAN 14 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **759799**
1. Corporation Name
WELLESLEY PARK CONDOMINIUM ONE ASSOCIATION, INC.
DOCUMENT NUMBER 759799

2. Principal Office Address 5951 WELLESLEY PARK DRIVE		3. Mailing Office Address SAME	
Suite, Apt. #, etc. BOX 709		Suite, Apt. #, etc.	
City & State BOCA RATON, FL		City & State	
Zip 33433	Country PALM BEACH	Zip	Country

REINSTATEMENT

98.05

4. Date Incorporated or Qualified To Do Business in Florida 08/20/1987	
5. FEI Number 592481611	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
GERMAN ACOSTA

Street Address (P.O. Box Number is Not Acceptable)
5951 WELLESLEY PARK DRIVE

Suite, Apt. #, Etc.
APT. 406

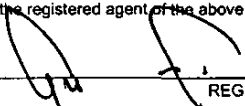
City
BOCA RATON

State
FL

Zip Code
33433

~~400044201214~~
01/14/05--01053--005 **665.00

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  Date **1-10-05**

REGISTERED AGENT MUST SIGN

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
PD	GERMAN ACOSTA	5951 WELLESLEY PARK DR. 406	BOCA RATON, FL 33433
DIR	CHARLES SHAPIRO	5951 WELLESLEY PARK DR. 506	BOCA RATON, FL 33433
VP	NANCY WILLIAMS	5951 WELLESLEY PARK DR. 407	BOCA RATON, FL 33433
TREAS	SANDY LAVETER	5951 WELLESLEY PARK DR. 603	BOCA RATON, FL 33433
SEC.	GLORIA BRAND	5951 WELLESLEY PARK DR. 607	BOCA RATON, FL 33433

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:  **German Acosta** Date **1-10-05** Daytime Phone # **561 392 1365**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/05)