PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	07 APR 30 AM 8: 22
DOCUMENT # 76/930 1. Corporation Name 408 S Ocean Drive Owners Association, Inc.	JEURE FARY OF STATE TALLAHASSEE, FLORIDA 700103029517
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 408 South Ocean Drive 17922 N.W. 10 + STE Suite, Apt. #, etc.	05/22/0701042006 **1073.75 INSTATE: MENTO 4. Date Incorporated or Qualified 2 - //-1982
City & State City & State Permbroke Pines FL Permbroke Pines Pi	5. FEI Number 592719326 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
Name and Address of Current Registered Agent Name To Seph E. Zoher Street Address (P.O. Box Number is Not Acceptable) 17922 W. W. 10 ± 5 ± 5 Suite, Apt. #, Etc.	The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.
State State 33029 8. I, being appointed the registered agent of the above names corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Age	
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 Pres. Joseph F., Zaher 17922 N.W. 10 th St. Pembroke lines FL Wifes Togan A. Albarelli 19700 Beach Road Jupiter Island FL Sec. Della A. Zaher 17922 N.W. 10 th St. Pembroke lines FL Asst. Sec. Linea T. Muscolino 19700 Beach Road Jupiter Island FL Dir. Tacoby Lynn Treit 5532 Lake Tern Ct. Cocnut Creek FL Dir. Caro Odem P. O. Box 415 Rabun Gao, Gh 30568 10. Lertify 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 filling this reinstatement application, the reason for dissolution has been offininated, the corporate name satisfies the requirements of section 607 001 or 617,001, F.S. that all fees owed by the corporation have been paid and the passage of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, supplication is true and accurate, supplication and the passage of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate and the passage of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate and the passage of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate and the passage of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application and the passage of passage and p	