

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION		FLORIDA DEPARTMENT OF STATE	
REINSTATEMENT		Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 765951		02 FEB 19 PM 12:48	
1. Corporation Name BOCA RATON EXECUTIVE BUILDING CONDOMINIUM ASSOCIATION, INC.		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3885 ST. JAMES WAY BOCA RATON FL 33434-3376		Mailing Address 3885 ST. JAMES WAY BOCA RATON FL 33434-3376	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.		REINSTATEMENT 01-02	
2. New Principal Office Address, if Applicable Suite, Apt. #, etc. #200 7300 N. Federal Hwy City & State Boca Raton FL Zip 33487 Country		3. New Mailing Office Address, if Applicable Suite, Apt. #, etc. #200 7300 N. Federal Hwy City & State Boca Raton FL Zip 33487 Country	
4. Date Incorporated or Qualified To Do Business in Florida 12/03/1982		5. FEI Number 59-2212289	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		Applied For Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PDT	CANTOR, SAMUEL J.	3885 ST. JAMES WAY	BOCA RATON FL
SD	CANTOR, LOUIS S.	7131 HIALEAH LANE	PARKLAND FL
D	CANTOR, LYNN	7131 HIALEAH LANE	PARKLAND FL
PDT	Madris, Russell	7300 N. Federal Hwy #200	Boca Raton FL
D	Rabinowitz, Joel	10 Hidden OAK ROAD	ARMONK NY 10504
D	Shodist, Scott	7300 N. Federal Hwy #200	Boca Raton FL
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CANTOR, SAMUEL J. 3885 ST. JAMES WAY BOCA RATON FL 33434		Name: Russell Madris Street Address (P.O. Box Number is Not Acceptable) 7300 N. Federal Hwy #200 Suite, Apt. #, Etc. City: Boca Raton State: FL Zip Code: 33487	
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		500005065075--8 -03/07/02--01072--008 Date 02/15/07 297.50	
11. 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]		10/15/07 561 2373300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	