

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

CORPORATION
REINSTATEMENT

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

FILED
02 NOV -5 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

NO000008571

THE PATRICIA CONDOMINIUM ASSOCIATION, INC.,

2. Principal Office Address

715 5TH STREET

Suite, Apt. #, etc.

City & State

MIAMI BEACH,

Zip

33139

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/29/2000

5. FEI Number

30-0098108

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

PHILIPS, DAVID ESQ

Street Address (P.O. Box Number is Not Acceptable)

940 LINCOLN ROAD

Suite, Apt. #, Etc.

City

MIAMI BEACH

State Zip Code

FL 33139

600009026476
11/15/02-01090-018 **122 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

REGISTERED AGENT MUST SIGN

Date

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 / Street / Zip
D	ORTNER, HORST	715 5TH STREET	MB, FL 33139
D	PHILIPS, DAVID	940 LINCOLN RD	MB, FL 33139
D	RUSSO, DAVID	715 5TH STREET	MB, FL 33139

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)(f), 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

10/22/2002

Date

(305) 672-2002

Daytime Phone #

20 11/8/02

AICPA MEMBER

NHSCPA MEMBER

ALAN N. RAZLA, PA.

(954) 983 - 9394 Tel
(954) 983 - 6799 Fax

E-mail: wwwcpa@netzero.net

Florida Office:
ALAN N. RAZLA, PA
3218 Stirling Road
Hollywood, Florida
33021

NH Office
ALAN N. RAZLA, CPA
Certified Public Accountant
26 South Main St. Suite 521
Concord, NH 03301

B"H

October 21, 2002

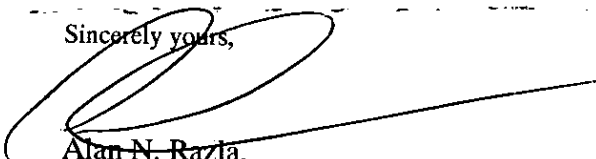
RE: The Patricia Condominium Association, Inc.,
P99000084740

Dear Sir or Madam:

Enclosed is a completed Corporation Reinstatement Form for the above Company. Please be advised that neither our office, or our client's office, or the registered agent's office receive the pre-printed annual report in the mail for 2001 or 2002. In fact this report was prepared by our office on behalf of the client from information derived from the internet site. Our clients were notified by their bank that their Company is "Not Active". They immediately contacted our office to prepare the following.

We ask that you please accept this application and waive the late penalty. I thank you in advance. Enclosed is the annual fees for the 2 above years of \$122.50.

Sincerely yours,



Alan N. Razla,
Alan N. Razla, PA

anr:dn
Enclosure: