

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 DEC 20 AM 9:03

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N01000008582

1. Corporation Name

ALBANESE COMMERCE CENTER CONDOMINIUM ASSOCIATION, INC.

700009176857
 12/30/02--01002--002 **\$1.25

Principal Place of Business

1200 S. ROGERS CIR., SUITE 11
 BOCA RATON FL 33487

Mailing Address

~~1200 S. ROGERS CIR.~~
~~BOCA RATON FL 33487~~



REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

SUITE 11
 BOCA RATON, FL
 33487

3. New Mailing Office Address, If Applicable

C/O HHH MANAGEMENT
 P.O. Box 273760
 BOCA RATON, FL
 33427

4. Date Incorporated or Qualified To Do Business in Florida

12/07/2001

5. FEI Number

60-0000928

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75* Additional Fee required for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	ALBANESE, LEONARD A	1200 S. ROGERS CIR., SUITE 11	BOCA RATON FL 33487
DV	ALBANESE, STEPHEN	1200 S. ROGERS CIR., SUITE 3	BOCA RATON FL 33487
DST	SANDBERG, DONNA	1200 S. ROGERS CIR., SUITE 11	BOCA RATON FL 33487

Handwritten signature/initials

700009176857
 11/22/02--01087--016 **\$175.00

8. Name and Address of Current Registered Agent

SANDBERG, DONNA
 1200 S. ROGERS CIR., SUITE 11
 BOCA RATON FL 33487

9. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State **FL** Zip Code _____

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. or 617.0505, F.S.

Signature of Registered Agent

Signature of Donna M. Sandberg
 SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date

11-19-02

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 of Donna M. Sandberg
 SIGNATURE REQUIRED

11-19-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-986-1375

CR2E040 (8/02)