

APPLICATION FOR REINSTATEMENT

*Handwritten initials*

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

DO NOT WRITE IN THIS SPACE

FILED

97 FEB 19 AM 9:50

Read Instructions on Other Side Before Making Entries.

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # N03111

NORTHEAST PROFESSIONAL CENTRE CONDOMINIUM ASSOCIATION, INC.  
C/O RAYMOND J. McRORY  
124 CHERRY VALLEY AVENUE  
GARDEN CITY, NEW YORK 11530

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

City and State

600002094836--4

-02/24/97--01001--008

Zip Code

\*\*\*\*848.75 \*\*\*\*848.75

*W96 26588*

3. Date Incorporated or Qualified To Do Business in Florida

May 16, 1984

4. FEI Number

Pending

FEI Number Applied For  
 FEI Number Not Applicable

5. \$8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED

6. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
P/S DIR	RAYMOND J. McRORY	124 CHERRY VALLEY AVENUE	GARDEN CITY, NEW YORK 11530
DIR	NICHOLAS F. LANG	520 FOURTH ST. NORTH, STE 200	ST. PETERSBURG, FLA. 33731
DIR	PAMELA MASCI	124 CHERRY VALLEY AVENUE	GARDEN CITY NEW YORK 11530

REINSTATEMENT

*Handwritten signatures and dates: 8697, 2/19/97*

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent and/or Office

Name: NICHOLAS F. LANG, ESQ.  
Street Address (Do NOT Use P.O. Box Number): 520 FOURTH ST. NORTH  
Street Address (Do NOT Use P.O. Box Number): SUITE 200  
City and State: ST. PETERSBURG, FLORIDA  
Zip: 33731

9. 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: *Raymond J. McRory*  
REGISTERED AGENT MUST SIGN

Date: 12/11/96

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box  (See other side for additional information.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director: *Raymond J. McRory*  
Typed or printed name of signing officer or director: RAYMOND J. McRORY

Date: 12/11/96

Daytime Phone #: (516) 294-0430

CR20040 (8/92)