

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N04293 (9)  
1. Corporation Name  
LIBERTY SQUARE CONDOMINIUM ASSOCIATION, INC.

FILED  
97 MAY 16 PM 3:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: c/o Summit Prop. Mgt., P.O. Box 189013, Plantation, FL 33318 USA  
Mailing Address: c/o Summit Prop. Mgt., P.O. Box 189013, Plantation, FL 33318 USA

REINSTATEMENT 9497

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/20/1984	
City & State		City & State		5. FEI Number	
Zip		Country		59-2501056	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	JOHN SCARA	410 Liberty Court	Deerfield Beach, FL 33442
VD	NICOLE BISAGNI	302 Liberty Court	Deerfield Beach, FL 33442
SD	MICKEY PICKETT	2851 Ocean Blvd., #1N	Boca Raton, FL
TD	BETTY KEITH	409 Liberty Court	Deerfield Beach, FL 33442

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SUMMIT PROPERTY MANAGEMENT, INC. 4450 West Sunrise Boulevard Suite C-100 Plantation, FL 33313		Name: [Signature] Street Address (P.O. Box Number is Not Acceptable): 300002 187003--2 Suite, Apt. #, Etc.: -05/21/97--01099--006 City: *****61-25 *****61-25 FL	

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: *Betty Keith, V.P. - Administration* Date: 4/28/97  
REGISTERED AGENT MUST SIGN

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., 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: *Betty Keith* Betty Keith, Treasurer Date: 4/29/97 (954) 792-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E046 (12/96)