## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT S				DEPARTMENT OF STATE SECRETARY OF STATE SION OF CORPORATIONS		FILED SECRETARY OF STATE ISION OF CORPORATIONS 4 SEP 27 AM 8: 00	·	
DOCUMENT # NO4378  1. Corporation Name  BOCA MARQUIS CONDOMINIUM ASSOCIATION, INC.						- v mi o o o		
246-256 SW 6th STREET					DE INIC	<b>Taterage in a</b>	/	
· · · · · · · · · · · · · · · · · · ·			alling Office Address SW 6th STREET		DEIIAG	STATEMENT	1-04	
Suite, Apt. #, etc. Suite, Apt.			4. Date Inco		4. Date Incorp	Dorated or Qualified	<u>}</u>	
City & State	RATON, FL ~	City & State BOCA RA	City & State BOCA RATON, FL			To Do Business in Florida 07/26/1984  5. FEI Number Applied For Not Applicable		
Zip 1	Country	Zip_		Country	-6	SS 75 Additional P		
33432	PB	33432	<del></del> .	РВ	CERTIFICATE	OF STATUS DESIRED for a Certificate		
7. Name and Address of Current Registered Agent								
•	BADARA ALIOUNE F. TAAL							
	Street Address (P.O. Box Number 254 SW 6th STREET	is Not Acceptable)	xt Acceptable)			400040649174 98/30/0401092008 **71450		
	Suite, Apt. #, Etc.							
	City BOCA RATON		**		······································	State Zip Code FL 33432		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.								
Signature of Registered Agent Salum Salum						8/20/04	CRZED81 (01/04)	
Registered i	Agent	REGISTERED AG	ENT MUST	SIGN	<del> </del>	Date	B	
8. 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 / State / Zip		
PD	BADARA ALIOUNE F. TAAL		254 SW 6th STREET		BOCA RATON, FL. 33432			
VP	ANNE MARIE APONTE		256 SW 6th STREET		BOCA RATON, FL.: 33432			
ST	HADDY TAAL		254 SW 6th STREET		BOCA RATON, FL. 33432			
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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 filling 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 quality 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:  8/20/04 561-297-3762  Daytime Phone #								
1	SIGNATURE AND TYPED (	M PHINTED NAME OF	SIGNING OF	HICER OR DIRECTOR		Date Daytime Phone #	- 4	