

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2006 DEC 11 PM 5:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

N05274

REBEKKA II CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address

312 South O Street

Suite, Apt. #, etc.

City & State

Lake Worth, FL

Zip
33460

Country
USA

3. Mailing Office Address

702 Grove Street

Suite, Apt. #, etc.

City & State

Lake Worth, FL

Zip
33461

Country
USA

REINSTATEMENT

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

09/21/84

5. FEI Number

592531917

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

Juhani M Isokangas

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

702 Grove Street

Suite, Apt. #, Etc.

City

Lake Worth

State
FL

Zip Code

33461

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/1/06

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 / State / Zip
P/D	Juhani M Isokangas	702 Grove Street	Lake Worth, FL 33461
S/D	Tapani Isokangas	702 Grove Street	Lake Worth, FL 33461
T/D	Edward Dim	312 South O Street	Lake Worth, FL 33460

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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 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 contained in Chapter 119, 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] Juhani M Isokangas, P/D
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/1/06

Daytime Phone #

561-586-7790

12/1/06