2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N06000013000 1. Entity Name THE PRESERVE AT BOYNTON BEACH 13 CONDOMINIUM ASSOCIATION, INC.							SECRETARY OF STATE DIVISION OF CORPORATIONS 08 APR -9 PM 2: 04			
	e of Business E DE LEON BLVD ES, FL 33134) PENTHOUSE	Mailing Address 2121 Ponce de Leon Blvd Penthouse Coral Gables, Fl 33134			E	5001 04/09/08	227129 01003022	975 **297.50	
2. Principal P	Place of Business	- No P.O. Box #	3. Mailing Address							
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.			04072008 REIN-NI	P CR2E0	99 (1/07)		
City & State			City & State			-	4. FEI Number 20-8275	5437	Applied For Not Applicable	
Zip		Country	Zip Coun		untry	5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and	Address of Current	Registered Agent				7. Name and Address	of New Registered A	\gent	
STEARNS WEAVER MILLER WEISSIER ALHADEFF AN NAME BARBARA BEGUIRISTAW										
STEARNS WEAVER MILLER WEISSIER ALHADEFF AN 150 WEST FLAGER STREET STE 2200 MIAMI, FL 33130 Street Address 2121							(P.O. Box Number is Not Acceptable) PONCE DE LEON BLVD.			
, , , L 55155						PENTHOUSE				
City						ORAL GABLES FL Zip Code 134				
8. The above	named entity sul	bmits this statement fo	or the purpose of changing it	s register					amiliar with, and accept	
	tions of registered		1	*	\	- 5	1			
SIGNATURE Dala M Plaidy 4-7-08										
Signature young name of registered agent and title if applicable. INDTE Registered Agent signature required when reinstating) DATE BARBARA BEGUIRUSTAIN; PRESIDENT										
FILE NOW!!! FEE IS \$297.50								Make check Florida Depart	• •	
10.		OFFICERS AND DI	RECTORS	11.		Α	ADDITIONS/CHANGES TO	OFFICERS AND DIF	RECTORS IN 10	
TITLE	DP	105	☐ Delete	TITLI		DS	T		Change	
NAME STREET ADDRESS	ADAMS, BRUCE 2121 PONCE DE LEON BLVD PENTHOUSE STRE						• •		'	
CITY-ST-ZIP	CORAL GABLES, FL 33134									
TITLE	DV Delete TITLE					DP			☐ Change Addition	
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CITY-ST-ZIP					ET ADDRESS -ST-ZIP	CORI	BARA BEGUK PONCE DE LEO AL GABLES, F	1 33134	•	
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TITLE			Delete	TITLE					☐ Change ☐ Addition	
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STREET ADDRESS CITY-ST-ZIP	i				ET ADDRESS -ST-ZIP					
12. I hereby o	certify that the inf	formation supplied wit	h this filing does not qualify	for the e	omntions of	ontainer	d in Chapter 119, Florida	Statutes I further cor	tify that the information	
12. I hereby certify that the information supplied with this filing does not qualify for the demptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as equired by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 11 or an artischment with an endfress with all other products.										
The state of the s										
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAY OF FICE OR DESCRIPTION Date Dat										
BARBARA BEGUIRISTAIN, PRESIDENT										