

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

APPLICATION FOR REINSTATEMENT

FILED
97 DEC 22 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N14089*

1. Corporation Name
LAS BRISAS OF BOCA CONDOMINIUM ASSOCIATION, INC

Principal Place of Business: 1280 S.W. 36th Ave. Suite 301 Pompano Beach, FL 33069
Mailing Address: 1280 S.W. 36th Ave. Suite 301 Pompano Beach, FL 33069

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: 03/28/86
5. FEI Number: 59-2766029 Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED [] \$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	ORKIN, ANDREA	#104 22095 Las Brisas Circle	Boca Raton, FL 33433
STD	KLEIN, ANITA	#308 22075 Las Brisas Circle	Boca Raton, FL 33433
VD	LETURNY, GISELLE LETURNY, GISELLE	#101 22095 Las Brisas Circle	Boca Raton, FL 33433

*JB
12-23-97*

8. Name and Address of Current Registered Agent
Sunvest Management, Inc.
Attn: Harold Hyman
441 South State Rd. Seven, Ste 4
Margate, FL 33068

9. Name and Address of New Registered Agent
Name: Leigh C. Katzman, Esq., Katzman & Korr
Street Address (P.O. Box Number is Not Acceptable): 1100 S. State Rd. Suite 102
City: Margate
State: FL Zip Code: 33068
CR0012382586-6
-12/24/97-01074-005
*****70.00
*****70.00

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: *[Signature]*
Date: 12/15/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

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)(j), 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: *Andrea Orkin* Andrea Orkin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 12/4/97 Daytime Phone #: 561 394-5228

CP607040 (12/96)



Property Management Inc.

1280 S.W. 36 Avenue

Suite 301

Pompano Beach, Florida 33069

(305) 969-1330 Fax (305) 969-7622

December 3, 1997

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*Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399*

Attention: Sandra B. Mortham, Secretary of State

Re: Reinstatement - Las Brisas of Boca Condominium Association, Inc.

Dear Ms. Mortham:

Enclosed please find the Application for Reinstatement for Las Brisas of Boca Condominium Association, Inc. and check number 2244 for the amount of \$70.00. This amount includes \$61.25 filing fee and an additional \$8.75 for the certificate of status.

Sunvest Management, Inc., the Registered Agent, went out of business and did not communicate with the Association regarding the corporation status. Attempts to contact Sunvest Management, Inc. were unsuccessful. Please waive the \$175.00 penalty.

Thanking you, in advance, for your cooperation in this matter, I remain

Very truly yours,

Paul Sapita

President

Encl.

PS:cf