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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <u>118031</u>			
<b>1. Corporation Name</b> <u>Lincoln Square Properties Condominium Association, Inc.</u>			
<b>2. Principal Office Address</b> <u>1220 Turner St.</u> Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> <u>Same</u> Suite, Apt. #, etc.	
<b>City &amp; State</b> <u>Clearwater, FL</u>		<b>City &amp; State</b>	
<b>Zip</b> <u>33756</u>	<b>Country</b> <u>US</u>	<b>Zip</b>	<b>Country</b>
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> <u>12/2/86</u>		<b>5. FEI Number</b> <u>700006845097--5</u> -08/01/02--01013--011 ****542.50 ****542.50	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee required for a Certificate of Status</b>	
<b>7. Name and Address of Current Registered Agent</b>			
<b>Name</b> <u>Tyrone G. Kennedy</u>			
<b>Street Address (P.O. Box Number is Not Acceptable)</b> <u>1220 Turner St.</u>			
<b>Suite, Apt. #, Etc.</b>			
<b>City</b> <u>Clearwater</u>		<b>State</b> <u>FL</u>	<b>Zip Code</b> <u>33756</u>
<b>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.</b>			
<b>Signature of Registered Agent</b> <input checked="" type="checkbox"/> <u>[Signature]</u>		<b>Date</b> <input checked="" type="checkbox"/> <u>9-7-02</u>	
<b>REGISTERED AGENT MUST SIGN</b>			
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
<u>D</u>	<u>Tyrone G. Kennedy</u>	<u>9412 Tara Cay</u>	<u>Seminole, FL 33776</u>
<u>D</u>	<u>Barbara J. Kennedy</u>	<u>9412 Tara Cay</u>	<u>Seminole, FL 33776</u>
<u>D</u>	<u>Kelly Kennedy</u>	<u>9356 SW 77th Ave</u>	<u>Miami, FL 33156</u>
<b>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 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.</b>			
<b>SIGNATURE:</b> <input checked="" type="checkbox"/> <u>[Signature]</u>		<b>Date</b> <input checked="" type="checkbox"/> <u>9-7-02</u>	<b>Daytime Phone #</b> <input checked="" type="checkbox"/> <u>727-688-3599</u>
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>			

CR2E081 (9/01)