

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB -9 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N21376

1. Corporation Name

WATERS EDGE AT LAKES OF DELRAY
CONDOMINIUM ASSOCIATION
INC

2. Principal Office Address

6300 PARK OF

Suite, Apt. #, etc.

COMMERCE BLVD

City & State

BOCA RATON FL

Zip

33487

Country

U.S.A.

3. Mailing Office Address

6300 PARK OF

Suite, Apt. #, etc.

COMMERCE BLVD

City & State

BOCA RATON FL

Zip

33487

Country

U.S.A.

REINSTATEMENT 03-05

03-03-03 90946 003 \$61.25

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0010624

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

ROBERT FINKEL

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

5574 WITNEY DR

Suite, Apt. #, Etc.

202

City

DELRAY BEACH

State

FL

Zip Code

33484

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

Robert Finkel

Date 2/1/05

REGISTERED AGENT MUST SIGN

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
PRES	ROBERT S. FINKEL	5574 WITNEY DR	DeLray Beach 33484
1ST VP	SELMA ROSENBERG	~ ~ ~ ~ ~	~ ~ ~ ~ ~
2ND VP	DEA BARCAN	~ ~ ~ ~ ~	~ ~ ~ ~ ~
Treas	ROZ SMITH	~ ~ ~ ~ ~	~ ~ ~ ~ ~
SEC	JERRY BALDINGER	~ ~ ~ ~ ~	~ ~ ~ ~ ~

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.

SIGNATURE:

Robert Finkel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/05

Date

Daytime Phone #

CR2001 (01/05)

**Watersedge at the Lakes of Delray
Condominium D Association, Inc.**

**C/o Prime Management Group, Inc.
6300 Park of Commerce Boulevard
Boca Raton, FL 33487-8290**

January 28, 2005

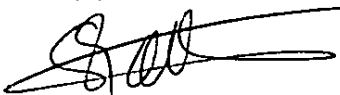
Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

This letter is to confirm that no one at Watersedge at Lakes of Delray Condominium D Association received your March 6, 2003 letter asking for corrections.

If you have any questions, please call me at (561) 989-5055. Thank you very much in advance for your cooperation.

Sincerely yours,



Shahnaz Mallat, Bookkeeper
For the Board of Directors of Watersedge D Condominium Association