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

03-03-03 90946 003 $61.25
REINSTATEMENT 03-05

DOCUMENT # N21376

1. Corporation Name
WATERS EDGE AT LAKES OF DELRAY CONDOMINIUM D ASSOCIATION INC

2. Principal Office Address	3. Mailing Office Address
6300 PARK OF	6300 PARK OF
Suite, Apt. #, etc. COMMERCE BLVD	Suite, Apt. #, etc. COMMERCE BLVD
City & State BOCA RATON FL	City & State BOCA RATON FL
Zip 33487 Country U.S.A.	Zip 33487 Country U.S.A

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-001 0624 ☐ 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

700046418937
02/11/05--01015--007 **122.50

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 [signature] Date 2/1/05
REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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 Bch Fla 33484
1st VP	SELMA ROSENBERG	"	"
2nd VP	DEA BARCAN	"	"
TREAS	ROZ SMITH	"	"
SEC	JERRY BALDINGER	"	" 02/2/04

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: [signature] 2/1/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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