

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **N23221**

1. Corporation Name
Addison Place Community Association, Inc.

FILED

97 MAY 27 AM 9:27

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
Boca Raton, FL **303 Perimeter Center N.**
Suite 600
Atlanta, GA 30346

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 -06/03/97--01033--009
 ****306.25 ****306.25

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		October 28, 1987	
City & State		City & State		5. FEI Number	
Zip		Country		Applied For <input checked="" type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				SP.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
President	Victor W. Turner	303 Perimeter Center N. Atlanta, GA 30346	Atlanta, GA 30346
Vice President	Christine N. Markussen	303 Perimeter Center N.	Atlanta, GA 30346
Treasurer	Nancy J. Hammer	303 Perimeter Center N.	Atlanta, GA 30346
Director	Steven A. Landy	1221 Brickell Ave.	Miami, FL 33131

8. Name and Address of Current Registered Agent

Joel Altman
2300 Corporate Blvd, NW
Suite 200
Boca Raton, FL 33431

9. Name and Address of New Registered Agent

Name **JOEL ALTMAN**
 Street Address (P.O. Box Number is Not Acceptable)
2201 CORPORATE BLVD., NW
 Suite, Apt. #, Etc.
SUITE 200
 City **BOCA RATON** State **FL** Zip Code

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 Date **5/19/97**
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

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)(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: Date **5/14/97** 770-393-0630
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (12/96)