

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 11 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N28659

1. Corporation Name
**TEQUESTA PROFESSIONAL CENTRE
CONDOMINIUM ASSOCIATION, INC.**

2. Principal Office Address - No P.O. Box #
12230 FOREST HILL BLVD

3. Mailing Office Address
PO BOX 3659

Suite, Apt. #, etc.
118

City & State
WELLINGTON, FL

City & State
TEQUESTA, FL

Zip 33414	Country PALM BEACH	Zip 33469	Country PALM BEACH
---------------------	------------------------------	---------------------	------------------------------

REINSTATEMENT 08-09
CR2E081*(11/09)

4. Date Incorporated or Qualified To Do Business in Florida
9-26-08

5. FEI Number 65-0184936	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
MARY KATZ

Street Address (P.O. Box Number is Not Acceptable)
12230 FOREST HILL BLVD

Suite, Apt. #, Etc.
118

City WELLINGTON, FL	State FL	Zip Code 33414
-------------------------------	--------------------	--------------------------

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

100163541431
12/11/09--01040--011 **297 50

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 Mary Katz Date 12-7-09
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
PD	BRODNER, JOHN	395-399 TEQUESTA DR	TEQUESTA, FL 33469
VP, S	MARY KATZ	12230 FOREST HILL BLVD # 118	WELLINGTON, FL 33414
D	MILLER, JOHN	395-399 TEQUESTA DR	TEQUESTA, FL 33469
D	TOBIS, GARY	395-399 TEQUESTA DR	TEQUESTA, FL 33469

10. E-mail Address: **NAPIC@NAPIC.COM**

(To be used for future annual report notification)

11. 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. I further certify, 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: Mary Katz Date 12-7-09 561-214-6172
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #