

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # **N31528**

1. Corporation Name
ESPERANTE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
 222 LAKEVIEW AVE
 WEST PALM BEACH FL 33401

Mailing Address
~~CLARK MANAGEMENT CO
 PO BOX 3090
 PALM BEACH FL 33480
 US~~

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.		04/05/1989	
City & State		City & State		5. FEI Number	
		1400 Centrepark Blvd, Ste 850		65-0236107	
Zip		Zip		Applied For	
Country		Country		Not Applicable	
33401		USA		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 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	City / State / Zip
TD	SZCZAK, STEPHEN Stephen Barry	1061 ASPEN WAY 222 Lakeview Ave. PH 1	PALM BEACH GARDENS FL 33418 West Palm Beach, FL 33401
VD	MARKS, DAVID	222 LAKEVIEW AVE 213 Sunset Road	W PALM BEACH FL 33401
PSD	TREMAIN, ALAN	222 LAKEVIEW AVE, PH 3,4	W PALM BEACH FL 33401
VD	MORRISON, PEDRO	222 LAKEVIEW AVE, PH 5,6	W PALM BEACH FL 33401
ASD	LITTLETON, ALBERT M	222 LAKEVIEW AVE, PH 7	W PALM BEACH FL 33401

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
TREMAIN, ALAN 222 LAKEVIEW AVE, PH 3,4 WEST PALM BEACH FL 33401		Stephen G Barry Street Address (P.O. Box Number is Not Acceptable) 1400 Centrepark Blvd Suite, Apt. #, Etc. Suite 850 City West Palm Beach State FL Zip Code 33401	

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: Stephen G Barry Date: 11/20/00
 REGISTERED AGENT MUST SIGN

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 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: Stephen G Barry 10/25/00 Date 561-615-8666 Daytime Phone #

CR2E040 (8/00)