

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 MAY -6 PM 4:47

DOCUMENT # N 37587

1. Corporation Name

THE 3400 PROFESSIONAL BUILDING CONDOMINIUM
ASSOCIATION INC.

2. Principal Office Address - No P.O. Box #

3400 BURNS RD

Suite, Apt. #, etc.

SUITE 104

City & State

PALM BEACH GARDENS

Zip

Country

FL 33410

USA

3. Mailing Office Address

3400 BURNS RD.

Suite, Apt. #, etc.

SUITE 104

City & State

PALM BEACH GARDENS

Zip

Country

FL 33410

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0193880

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

THE 3400 PROFESSIONAL BLD CONDO ASSOC INC.

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

3400 BURNS RD.

Suite, Apt. #, etc.

SUITE 104

City

PALM BEACH GARDENS

State

FL

Zip Code

33410

300259903153

05/06/14--01002--021 **70.00

300259903153

05/06/14--01002--020 **237.50

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 Vaccarello Cruz

REGISTERED AGENT MUST SIGN

Date 4/22/2014

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
VP	VACCARELLO-CRUZ, MARY	3400 BURNS RD STE 104	PALM BEACH GARDENS FL 33410
SECD	FAYE FAHMY	3400 BURNS RD STE 104	PALM BEACH GARDENS FL 33410
PRES	HARPALANI, VIJAY	3400 BURNS RD STE 104	PALM BEACH GARDENS FL 33410

10. E-mail Address: 3400condoassociation@gmail.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE

Mary Vaccarello Cruz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY A. VACCARELLO - CRUZ (VP)

Date

4/22/14

Daytime Phone #

(772) 342-5968

RC 5/12/14