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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
03 AUG 11 PM 2:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION**  **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N43050**  
1. Corporation Name  
**PARISO Community ASSOCIATION, INC.**

2. Principal Office Address **POINTE MGMT GROUP** 3. Mailing Office Address **POINTE MGMT GROUP**  
**75 NE 6 AVENUE** **75 NE 6 AVENUE**  
 Suite, Apt. #, etc. **206** Suite, Apt. #, etc. **206**  
 City & State **DELRAY BEACH, Florida** City & State **DELRAY BEACH, Florida**  
 Zip **33483** Country **USA** Zip **33483** Country **USA**

**500022613245**  
**08/27/03--01056--016 \*\*122.50**

4. Date Incorporated or Qualified To Do Business in Florida **6-18-91**

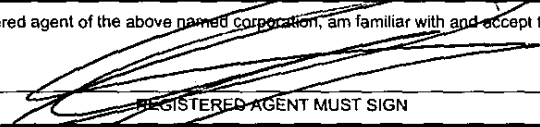
5. FEI Number **65-0320384** Applied For  Not Applicable

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

7. Name and Address of Current Registered Agent

Name **ERIC ESTEBANEZ** **PO** **POINTE management Group, INC.**  
 Street Address (P.O. Box Number is Not Acceptable) **75 NE 6 AVENUE**  
 Suite, Apt. #, Etc. **206**  
 City **DELRAY BEACH** State **FL** Zip Code **33483**

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.

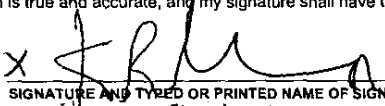
Signature of Registered Agent **X**  Date **X 8/1/03**

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
P	JON MATTLIN	10309 ALLEGRO DRIVE	BOCA RATON, FL. 33428
V	NABIL SIDRAK	10170 FESTIVAL WAY	BOCA RATON, FL. 33428
S	ANDREA SMIGIELSKI	22472 OVERTURE CIRCLE	BOCA RATON, FL. 33428
T	KAREN ROBERTS	10315 ALLEGRO DRIVE	BOCA RATON, FL. 33428
D	STEVE OLAND	10212 ALLEGRO DRIVE	BOCA RATON, FL. 33428.
		<b>02-03 UBR 18</b>	

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: **X**  **Tross** Date **7/30/03** Daytime Phone # **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (1/0/02)



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**POINTE MANAGEMENT GROUP, INC.**

75 N.E. 6TH AVE. SUITE 206  
DELRAY BEACH, FLORIDA 33483  
(561) 274-3031 BOCA / DELRAY  
TOLL FREE 1-800-535-6730  
FAX (561) 274-3065

July 11, 2003

Florida dept. of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL. 32314

**RE: REINSTATEMENT OF PARAISO COMMUNITY ASSOCIATION, INC.  
FOR 2002 AND 2003**

**DOCUMENT #: N43050**

To whom it may concern;

Our company, Pointe Management Group, Inc., recently took over property management services for the Association listed above. After checking the website we did not find a current UBR filing for 2003. We also noticed there was not one for 2002.

We ask that you waive any late fees that may have occurred due to the recent change in management companies and the oversight of the previous management company regarding 2002 and also that you accept the enclosed form and check in the amount of 122.50 for the filing fees for both years.

The above mentioned Corporation is a non-profit organization.

Please contact us at the number above should you have any questions.

Thank you for your kind attention to this matter.

Sincerely,

*Eric Estebanez*

Eric Estebanez  
Registered agent for  
Paraiso Community Association, Inc.