PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

N93000004127

1. Corporation Name

DOCUMENT#

TILLU PISTON OF CORPORATIONS

00 OCT 26 PM 2:11

REGENCY COURT (WOODFIELD) MERCHANTS ASSOCIATION

Principal Place of Business

440 ROYAL PALM WAY

SUITE 202

PALM BEACH FL 33480

Mailing Address

-440 ROYAL PALM WAY

SUITE 202

-PALM BEACH PL 99480

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****236.25	****236.25



If above a	addresses are incorrect in any way, line the	ough incorrect in	formation and enter o	correction below.	DELLE	CTATERAEN		
2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 18x1 N. Military Trail 1801 N. Military			Applicable Trail	4. Date incorporated or Qualified V 1 1 1 1 To Do Business in Florida 09/07/1993				
Suite, Apt. Silic. / 5		Suite, Apt. #,	etc.		5. FEI Number		Applied For_	
Cffy & Stat	e	City & State	Raton, FL			65-0436288	Not Applicable	
334	Raton, FL Country Palm Boach	2ip 3343	Country	n Beach	6. CERTIFICATE		5 Additional Fee required or a Certificate of Status	
7. Names	and Street Addresses of Each Officer and	or Director (Flo						
Title(s) 1	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip			
D	Bodendorf, Michae	Michael 1801 N. Military			ail, Ste 150	Boca Raton, FL 33431		
D	NEDWING, JOHN Fronstin, CARY				, Ste 150	Boca Raton, FL 33431		
D	MULLER, ELLEN		2103 J.W. 20 Circle		BOGA-RATON FL Boyton Beach, FL 33426			
PD	ETTAUB, GLENNED Laner, DAVID B		440 ROYAL PALM WAY #202 5400 LBJ Freena			LBZ Dallas, TX 75240		
\$	OFFICE TAMES D. Tischler, Pam		1801 N. Mildary Trail, Six 150		Boca Raton, FL 33431			
				, \A	1/2			
8. Name and Address of Current Registered Agent (1) 9. Name and Address of New Registered Agent							gent	
	ALIA OLEMAN E			Name Train	mmell-	Crow-Com	pany	
STRAUB, GLENN, E. Street Address (P.O. Box Number is Not Acceptable)						1		
4440 ROYAL PALM WAY Suite 202 Suite, Apt. #, Etc.								
DALM PEACHER GOARD								
City Baca Rator FL 3343/								
10. I, bein	g appointed the registered agent of the ab	ove named corpo	oration, am familiar wi	ith and accept the o	bligations of Secti	on 607.0505, F.S.		
Signature o Registered	Agent / / William	EGISTERED AG	ENT MUST SIGN	-		Date	9/00	
this rei	y that I am an officer or director or the rece nstatement application, the reason for diss by the corporation have been paid and the	olution has been	eliminated, the corpo	orate name satisfies	the requirements	of section 607.0401 or 617.04	101, F.S., that all fees	

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.