

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 MAY -2 AM 11:11 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # N94000001297					
1. Corporation Name Santa Barbara @ Grand Palms Association Inc.					
Principal Place of Business		Mailing Address			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, if Applicable 15631 SW 12th St. Suite, Apt. #, etc.		3. New Mailing Address, if Applicable 951 Broken Sound Pkwy Suite, Apt. #, etc. Ste 250		4. Date Incorporated or Qualified To Do Business in Florida	
City & State Pembroke Pines, FL Zip 33027		City & State Boca Raton, FL Zip 33487		5. FEI Number 65-0479690	
				Applied For <input type="checkbox"/>	
				Not Applicable <input type="checkbox"/>	
				6. CERTIFICATE OF STATUS DESIRED <input 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)					
1	Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip	
	TD	HENRY FIALLO	1071 SW 15th Ave	Pembroke Pines, FL	
	D	JUAN GARCIA	1111 SW 15th Ave	Pembroke Pines, FL	
	PD	THOMAS MESSANA	15631 SW 12th Street	Pembroke Pines, FL	
	SD	ARLENA NEFF	15650 SW 12th Street	Pembroke Pines, FL	
	VD	FRANK D'DONNELL	1100 SW 15th Ave	Pembroke Pines, FL	
065-8-97					
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
			Name Community Association Services, Inc		
			Street Address (P.O. Box Number is Not Acceptable) 951 Broken Sound Pkwy Ste		
			Suite, Apt. #, Etc. 250		
			City BOCA RATON	State FL	Zip Code 33487
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 		REGISTERED AGENT MUST SIGN 10000241301-2 05/02/97-01089-001 ***297.50 ***297.50			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/30/97 Date Daytime Phone #			

CORPORATION