

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mcrtham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC 14 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N9400002002

1. Corporation Name
BEL AIRE II, OFFICE CONDOMINIUM ASSN, INC.

Principal Place of Business Mailing Address
2351 W. EAU GALLIE BLVD. #1
MELBOURNE, FL 32935

REINSTATEMENT 96-98

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 Go Business in Florida
Suite, Apt. #, etc.	2351 W. EAU GALLIE BLVD Suite, Apt. #, etc.	4/21/94
City & State	City & State MELBOURNE, FL	5. FEI Number 59-3248364
Zip	Zip 32935	Country USA
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status <input type="checkbox"/>

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
D/P	MICHAEL J. BRUTZ	2351 W. EAU GALLIE BLVD #1	MELBOURNE, FL 32935
D/S	PAULA VEIBL	1751 SARNO RD #2	MELBOURNE, FL 32935
D	RICHARD RAWLE	1751 SARNO RD #5	MELBOURNE, FL 32935

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MICHAEL J. BRUTZ, ESQ. 2351 W. Eau Gallie Blvd. Suite 1 Melbourne, FL 32935	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code

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: [Signature] Date: 12/8/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: [Signature] Date: 12/8/98 Daytime Phone #: 407-752-4810

CR2600 (1/98)