

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 OCT 16 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003314

1. Corporation Name
THE SANCTUARY AT PINECREST MAINTENANCE ASSOCIATION, INC.

Principal Place of Business Mailing Address

**3800 S. Ocean Drive, Suite G-9
 Hollywood, FL. 33019**

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 4/21/94

5. FEI Number 65-0781214 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$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 Officer and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres/D	Jonathan E. Fels	3800 S. Ocean Drive, G-9	Hollywood, Fl. 33019
VP/D	Bernard Offenber	3800 S. Ocean Drive, G-9	Hollywood, Fl. 33019
Sec/ Treas/D	Michael Levy	3800 S. Ocean Drive, G-9	Hollywood, FL 33019

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REINSTATEMENT 96-97

A. Alan
10/16/97

8. Name and Address of Current Registered Agent

STEVE SINGER, Esq.
 801 N.E. 167th Street, #302
 North Miami Beach, Fl. 33162

9. Name and Address of New Registered Agent

Name
CRAIG D. SAVAGE, Esq.
 Street Address (P.O. Box Number is Not Acceptable)
 801 N. E. 167th Street, #302
 Suite, Apt. #, Etc.

City State Zip Code
 North Miami Beach FL 33162

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 _____ Date 10/14/97

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(c), 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 10/10/97 (954) 455-2700

NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____