PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE **APPLICATION Katherine Harris FOR** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS FILED **DOCUMENT #** N96000002728 01 DEC -3 PM 3-19 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORI**DA** NORTH BEACH SQUARE NEIGHBORHOOD ASSOCIATION, INC. Principal Place of Business Mailing Address 911 SUNRISE LANE 911 SUNRISE LANE FT LAUDERDALE FL 33304 FT LAUDERDALE FL 33304 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 Date Incorporated or Qualified
To Do Business in Florida 05/22/1996 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State NOT APPLICABLE City & State \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director D O'DONNELL, JOE 911 SUNRISE LANE FT LAUDERDALE FL 33304 **DPS** SCHIAVONE, TIMOTHY J 911 SUNRISE LANE FT LAUDERDALE FL 33304 FT LAUDERDALE FL 33304 DVT FELTMAN, CHARLES 3134 NE 9TH ST 900004718929--6 -12/11/01--01067--008 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent MURRAY, DAVID G 321 SE 15TH AVE FT LAUDERDALE FL 33301

(8/01)

11. 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.

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:

Signature of Registered Agent