PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| REINSTATEMENT Secre | ARTMENT OF STATE etary of State of Corporations | OB MAR 12 PM 2: 11 OBCRETARY OF STATE |
|--|---|---|
| DOCUMENT # N99000002122 1. Corporation Name Commence Park Property owners Association, Fre. | | TALLAHASSEE. FLORIDA |
| 2. Principal Office Address - No P.O. Box # 1475 W. Cypress Creek Rd. Saite, Apt. #, etc. Suite, Apt. #, etc. | address PMC_ | 4. Date Incorporated or Qualified To Do Business in Florida 4. 1. 1999 |
| City & State Ft. Laudendale, FL Zip Zip Zip VSA City & State City & State Zip Zip | Country | 5. FEI Number Applied For Not Applied For Not Applied For Not Applied For Not Applied For Applied For Applied For Applied For Applied For Not |
| Name Notation Street Address (P.O. Box Number is Not Acceptable) Name Suite, Apt. #, Etc City City City City State State | | The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. obligations of section 607.0505 or 617.0503, F.S. |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | |
| Titles Name of Officers and/or Directors | Street Address of Each Officer and/or Director | |
| P. Daniel Scaduto-109 Commerce Pd. Brynton Fauch, FL33426 D David Braunstein 6600 High Ridge Rd Brynton Beach, FL33426 D Omer 6. Edds 104 Commerce Pd Brynton Beach FL33426 800118135428 02/15/08-01023-025 **428.75 | | |
| 10. 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 contained in Chapter 119, 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: 2/11/08 561-694-1630 Date Daytime Phone # | | |