

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 03 MAY -8 AM 11:56
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N99000002122

1. Corporation Name
 COMMERCE PARK PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
 430 NORTH 'G' STREET 430 NORTH 'G' STREET
 LAKE WORTH FL 33460 LAKE WORTH FL 33460



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
 1072A E Newport Center Drive 1072A E Newport Center Dr
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State Deerfield Beach, FL City & State Deerfield Beach, FL
 Zip 33419 Country USA Zip 33419 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 04/01/1999
 5. FEI Number 65-0946021 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 Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	WOUBE, JAMES VANDER Cary Reis	430 NORTH 'G' STREET 1072A E. Newport Center Dr.	LAKE WORTH FL 33460 Deerfield Beach, FL 33419
VPD	KILPATRIC, HAROLD D	7700 HIGH RIDGE RD	BOYNTON BEACH FL 33426
SD	HARRISON, DANIEL	121 COMMERCE RD	BOYNTON BEACH FL 33426

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REINSTATEMENT 02-03
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8. Name and Address of Current Registered Agent
 HARRIS, J. RICHARD
 4400 P.G.A. BOULEVARD
 SUITE 800
 PALM BEACH GARDENS FL 33410

9. Name and Address of New Registered Agent
 Name Cary Reis
 Street Address (P.O. Box Number is Not Acceptable)
 1072A E. Newport Center Drive
 Suite, Apt. #, Etc.
 City Deerfield Beach State FL Zip Code 33419

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. or 617.0505, F.S.

Signature of Registered Agent SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN Date 4/15/03

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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4/15/03 Daytime Phone #

CR2E040 (8/02)