

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 APR 10 PM 1:43
TALLAHASSEE, FLORIDA

DOCUMENT # N99000007157

1. Corporation Name

Twenty One Twenty One Condominium Association Inc.

2. Principal Office Address
8317 West Atlantic Blvd.

3. Mailing Office Address
8317 West Atlantic Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Coral Springs, FL

City & State
Coral Springs, Fl.

Zip
33071

Country
USA

Zip
33071

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 12/3/99

5. FEI Number
06-1569310

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Royal Property Management, Inc.

Street Address (P.O. Box Number is Not Acceptable)
8317 Atlantic Blvd.

Suite, Apt. #, Etc.

City
Coral Springs

State
FL

Zip Code
33071

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Kim Roberts
REGISTERED AGENT MUST SIGN

Date 4/3/06

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	City / State / Zip
PD	Sattya Sukhu	2131 N Ocean Blvd. # 14	Fort Lauderdale, FL 33305
VP	Celia Buchanan	2131 N Ocean Blvd. #11	Fort Lauderdale FL 33305
TD	John DiLorenzo	2121 N Ocean Blvd. #1	Fort Lauderdale FL 33305
SD	Maria Killion	2131 N Ocean Blvd. #9	Fort Lauderdale FL 33305
	<i>ARW/III</i>		000070469150 04/14/06--01064--018 **481.25

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: *Sattya Sukhu* SATTYA SUKHU
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/3/06 957-757-9292
Date Daytime Phone #