

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000024498

1. Corporation Name

NORMA PROPERTIES, INC.

Principal Place of Business
20047 WATERS EDGE DRIVE
BOCA RATON FL 33434

Mailing Address
20047 WATERS EDGE DRIVE
BOCA RATON FL 33434

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

2. New Principal Office Address, If Applicable
90 NORMA KUGLER

3. New Mailing Office Address, If Applicable
PO BOX 1719

Suite, Apt. #, etc. 20047 WATERS EDGE DR

Suite, Apt. #, etc. 90 WASHINGTON DRIVE PL ASSO C

City & State
BOCA RATON, FL

City & State
ENBLEWOOD CLIFFS NJ

Zip
33434

Country
U.S.A.

Zip
07632

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/01/1993

5. FEI Number

65-0398622

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
D	KUGLER, NORMA	20047 WATERS EDGE DR	BOCA RATON FL
			900004736199--4 -12/24/01--01002--024 ***158.75 ***158.75

8. Name and Address of Current Registered Agent

KUGLER, NORMA
20047 WATERS EDGE DR
BOCA RATON FL 33434

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Norma Kugler

REGISTERED AGENT MUST SIGN

Date

11/5/01

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.

SIGNATURE:

Norma Kugler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/5/01

Daytime Phone #

561 4839491

CR2E040 (8/01)