

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 DEC -2 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000070474

1. Corporation Name

SGS WYCLIFFE DEVELOPMENT CORP.

Principal Place of Business

C/O ~~SGS COMMUNITIES, INC.~~
1800 CORPORATE BLVD., N.W., SUITE 300
BOCA RATON FL 33431

Mailing Address

C/O ~~SGS COMMUNITIES, INC.~~
1800 CORPORATE BLVD., N.W., SUITE 300
BOCA RATON FL 33431



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

2. New Principal Office Address, If Applicable

~~C/O NLS Communities~~
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~C/O NLS Communities~~
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

10/05/1993

5. FEI Number

65-0440897

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	SCHOOR, HOWARD M	1800 CORPORATE BLVD., N.W., SUIT	BOCA RATON FL 33431
DP	SIEGEL, NED L	1800 CORPORATE BLVD., N.W., SUIT	BOCA RATON FL 33431
D	GLENENNING, DONALD A	1800 CORPORATE BLVD., N.W., SUIT	BOCA RATON FL 33431
D	ROTHMAN, FRED B	1800 CORPORATE BLVD., N.W., SUIT	BOCA RATON FL 33431

8. Name and Address of Current Registered Agent

SIEGEL, NED L
1800 CORPORATE BLVD. N.W.
SUITE 300
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State Zip Code
FL

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

REGISTERED AGENT MUST SIGN

Date

11/25/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes

Does not owe

No

(See other side for information on Intangible tax.)

12. 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

11/25/97

Date

561 998-9200

Daytime Phone #

CPRE040 (8/97)